MARYLAND STATE DEPARTMENT OF HEALTH

Division o	f STATISTICAL RESEA	ARCH AND RECORDS, 30	1 W. PRESTON STRE	ET, BALTIMORE, MARYLAND	21201
14753		CERTIFICATI	OF DEATH		14756
1. PLACE OF DEATH				Where deceased lived, if institution: Res	sidence before admission)
o. COUNTY Wash	ington	MARYLAND	a. STATE	Md. b. COUNTY	Wash.
b. CITY OR TOWN (If autside con	parate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside carparate limits, write RURAL and	
Hagerstown	t town)	66 years	Hagerst	own	21-1
d. NAME OF HOSPITAL OR INSTIT	UTION (If not in hospital, g	ive street address)	d. STREET ADDRESS		B. IS RESIDENCE
233 Devonshi			233 Deve	onshire Rd.	ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	Clyde	Fitch	Anderson	DEATH Octob	per 26, 19 66
S. SEX 6. COLOR (R RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UN last birthday) Mont	DER 1 YEAR IF UNDER 24 HRS. hs Doys Hours Min.
male whi	te WIDOWED	DIVORCED	Aug. 18, 1	900 66 yrs.	
10a. USUAL OCCUPATION (Give kind o		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County	& State, or foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
during most at warking life, even if re Warehouseman	bis	scuit co.	Washior	gton Co., Md.	GO WITH CO.
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	IAME	
John	W. Anders	son	Sa	villa Woltz	
IS. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16. 1	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, na, or unknown) (If yes give w	22	20-10-3684	Mrs. Kathe	rine F. Anders	son. Hag.Md.
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED IN MARKET	SED BY: DIATE CAUSE (a)	(a), (b), and (c).) 4 0 cordinal	In for.	lin	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if ony, which gave	DUE TO	ationic so	landy b.	ent 61) un	Flore
rise to immediate cause (o),	DIE TO	11,000	(3,40) 0_ 7		0
stating the underlying couse	(c)				
PART II. OTHER SIGNIFICANT CO		O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING **I CASE OF CONTRIBUTING *	DEATH	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II of item 18.)	763 110
(IF EITHER, NOTIFY MEDICAL EXA		JURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form	20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Haur a.m. p.m.	While at work	Not While for	tary, street, office bldg., etc.)		(county) (store)
21. I certify that (1)		ded the deceased from	,1		19 <u>66,</u> that (I) (we) la
sow the deceased a	ive on	19, and the	it death occurred at	M, fram couses and o	n the date stated abay
220. SIGNATURE Oder	& How	Weda M	D. ATTENDING D. PHYS.	MED. STAFF 22th	DATE SIGNED
22c. PHYSICIAN'S FIG	on D. HOA	chlander	22d. ADDRESS	entown	mi
23o. BURIAL, CREMATION, 23	b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Burial C	ct. 28. 66	Cedar Lawn	Me. Park	Hagerstown,	Md.
24. FUNERAL DIRECTOR		ADDRESS	2Sa. REC'I	BY REGISTRAR 25b. REGISTRAI	
Minnich Fu	neral Home	, Hagerstow	n, Md DATE	OCT 3 1 1966 RC	harley Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Therefores remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar removed in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission a. COUNTY a. STATE b. COUNTY Page Washington Franklin MARYLAND delay b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c: CITY-DR TOWN (If outside corporate limits, write RURAL and give negrest town) and P.M3. write RURAL and give negrest town) after D.O.A. Waynesboro d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? hours 302 Uller Ave. Washington County Hospital Pages State YES NO IX haurs after death. 3. NAME OF First M+ddle igst 4 DATE Month 72 DECEASED OF 18. Give F along w Wayne Bakner Oct. within (Type or print) 19 5 DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Male White DIVORCED WIDOWED Office N event Item | and 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDIISTRY any Quincy Pa. Llectrician Mack Truck = 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within _= Wilbur G. Bakner Mary E. Cook puo IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. the Chief Medical (Yes, na, or unknown) ((If yes give war ar dates of service) Waynesboro Pa. remayal 182-22-5)196 Mrs. Wayne Bakner Oller 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH 50 tracture Skull IMMEDIATE CAUSE (a) word matian, Immed. DUE TO Conditions, if any, which gave the rise ta immediate couse (a). icate, writing the be farwarded to DUE TO 0 9 stating the underlying couse Lower- Extremitios burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO D 0 20g EXTERNAL CAUSE WAS priar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY TO GONTRIBUTING CAUSE OF DEATH. shauld Passenger-Auto Struck by oncoming CZ designated agent, 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED O 20e. PLACE OF INJURY (Hame, form, (City or town) (State) factory, street, affit bldg, etc.) at work Hagerstown 10-25-1966 Wash at wark R+# 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry X and in my opinian the funeral director. death resulted fram: Natural causes Accident K Suicide Hamicide Undetermined manner may be retained FUNERAL DIRECT CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5 may be TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER 10-25-66 NAME (Type) EDWARD W. DITTO W. WAS Haddigs T (Stripling to MD) r county) 23b. DATE THEREOF 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Franklin Co.. Buria Quincy ADDRESS 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15ME (5) Waynesboro Pa. DATE 6M 1/66

FORM IS W. STEEL ALL BUS H. WASH. STONAGES.

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificates be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

14755		CERTIFICATE	OF DEATH		14758
I. PLACE OF DEATH a. COUNTY	Washing	ton MARYLAND	n STATE	there deceased lived, if institution b. COUN	
b, CITY OR TOWN (If write RURAL and c	outside corporate limits, ive nearest town)	66 years	c CITY OR TOWN (If out	side corparate limits, write RUR:	AL and give nearest town)
	OR INSTITUTION (If not in haspit Mulberry St	, ,	d. STREET ADDRESS	Mulberry St	e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED	First RALPH	Middle	lost D. SR.	4. DATE Month	Doy Year
male	6. COLOR OR RACE 7. MARR White WIDOW	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH June 19, 1	9. AGE (In years last birthday) 70 yrs.	IF UNDER 1 YEAR
100. USUAL OCCUPATION (during most of warking life 1abores	e, even if retired)	b. KIND OF BUSINESS OR INDUSTRY railroad	State Li	State, or foreign country) ne, Penna.	12. CHIZEN OF WHAT COUNTRY?
13. FATHER'S NAME G	orge W. Bea	rd	14. MOTHER'S MAIDEN N	AME Oberholtzer	
PART I. DEATH 1 2 1 Conditions, if any, wrise to immediate stating the underly last.	H (Enter only one couse per line WAS CAUSED BY: IMMEDIATE CAUSE (a)	none for (a), (b), and (t).) terioscleratic Ga	ardio Vascul	ar Disease	Hagerstown, Md INTERVAL BETWEEN ONSET AND DEATH Several years 19. WAS AUTOPSY PERFORMED? YES \(\sqrt{N}\) NO \(\sqrt{S}\)
20a. ACCIDENT WAS U OR CONTRIBUTING C (IF EITHER, NOTIFY M 20c. TIME OF INJUR Hour a.m.	CAUSE OF DEATH	D. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in P	art I ar Port II of item IB.)	
20c. TIME OF INJUR Hour o.m. p.m.	W		CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	20f. (City ar town)	(County) (State)
21. I certify that (1) (this hospital) attended the deceased from March , 19 66, to Oct. 21, 19 66, that (1) (we) last saw the deceased glive on Oct. 17. 1966, and that death accurred of 1 A. M., from couses and on the date stated above. 22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DOCt. 21, 1966					
22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS Hagerstown		
23a. BURIAL, CREMATION, BURIAT 24. FUNERAL DIRECTOR	23b. DATE THEREOF 10-26-66	23c. NAME OF CEMETERY OR OR OR OF HILL ADDRESS	Cemetery	23d. LOCATION (City or Tow Hagerstow BY REGISTRAR 25b. REG	
THE REPORT OF THE PARTY OF THE		AHIHA			

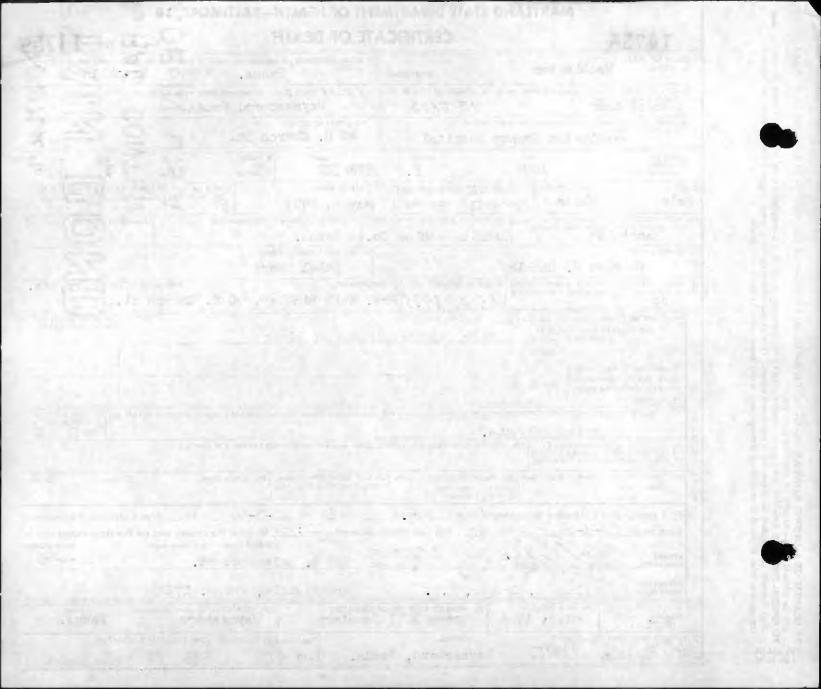
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after deat VR A15 (4) 20 M 1/66

~, <u>~</u> , 45141 hosfeast. The connected . and the same of th ar add of a grant of a grant of a Larrey and start extles const -postentiano il 1962 - branco il espiraversional control of the control of the same of the control of the and the second s MININE LOCAL-III CHARLE LORAGORY BRANCE COMM. - III. Minetel Jones Lone Paresesson Mr. v. V.

death.

certificate

15M 10/57



be executed within 24 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital ar attending physician.

completely filled in by the funeral nave carban papers. Pages 1 and

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this certificate has been signed by the detached far use as the burial-transit

CERTIFICATION

MEDICAL

		PARTMENT OF HEALTH 1 W. PRESTON STREET, BALTIMOR	E, MARYLAND 21201
14757	CERTIFICATE	OF DEATH	14
PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE Maryland	b. COUNTY Washir
b. CITY OR TOWN (If autside corporate limits, write RURAL and give gearest tawn) **RAGE**********************************	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limi	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, Western Maryland State	4	d. STREET ADDRESS None	
NAME OF PICEASED (Type or print) VICTOVIA	Roth B	LOST 4. DATE OF DEATH	Month Day
SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED	NEVER MARRIED DIVORCED		(In years IF UNDER 1 YEAR birthday) Manths Days yrs.
	and of Business or Home	11. BIRTHPLACE (Caunty & State, or foreign of	ountry) 12. CITIZEN OF COUNTRY?
3. FATHER'S NAME Albert G.Creek		14. MOTHER'S MAIDEN NAME Maggie Pea	
Vac an acual agum) (If we aim was as datas of carrier)		Walter Bishop R#	Address Hancock, Md.
18. CAUSE OF DEATH (Enter only one cause per line to PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r (a), (b), and (c).) Qual	betre audos	int on
Conditions, if ony, which gave) (b)	Diabetes	melleties	11

DUE TO stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

23c. NAME OF CEMETERY OR CREMATORY

Rest Haven Cemetery

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Hour a.m. While Nat While at work at wark

factory, street, office bldg., etc.)

(City or town)

(County) (State)

YES |

Residence before admission)

Washington and give nearest town)

e. IS RESIDENCE ON A FARM?

Year 1966

IF UNDER 24 HRS. Min.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO

YES Day

12. CITIZEN OF WHAT COUNTRY?

NO R

1966 , that (i) (we) last 21. I certify that (1) (this haspital) attended the deceased from and that death occurred at 7:400M. sow the deceased alive on from causes and on the date stated above.

22a. SIGNATURE 22c. PHYSICIAN'S

23b. DATE THEREOF

ATTENDING M.D. PHYS. 22d. ADDRESS MED. DIRECTOR

22b. DATE SIGNED STAFF PHYS. 10-6-66

NAME (Type)

Edwin G. Riley

1500 Penn. Ave. 23d. LOCATION (City or Town)

Hagerstown

(County) (State) Md Washington

REMOVAL (Specify) 24. FUNERAL DIRECTOR

23a. BURIAL, CREMATION,

25b. 1986 DATE OC

REGISTRAR'S SIGNATUR

Hag., Md.

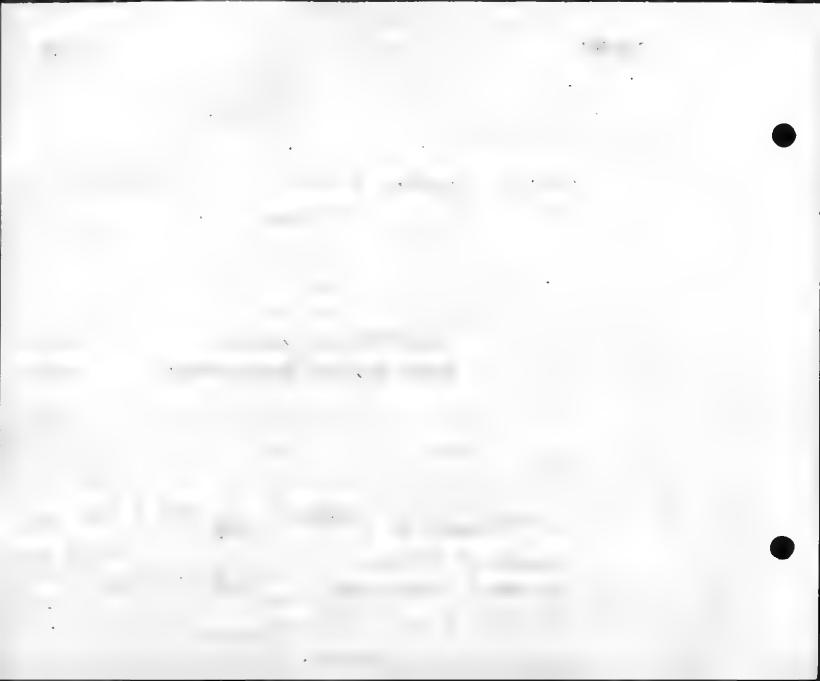
VR A15 (4) 20 M 1/66

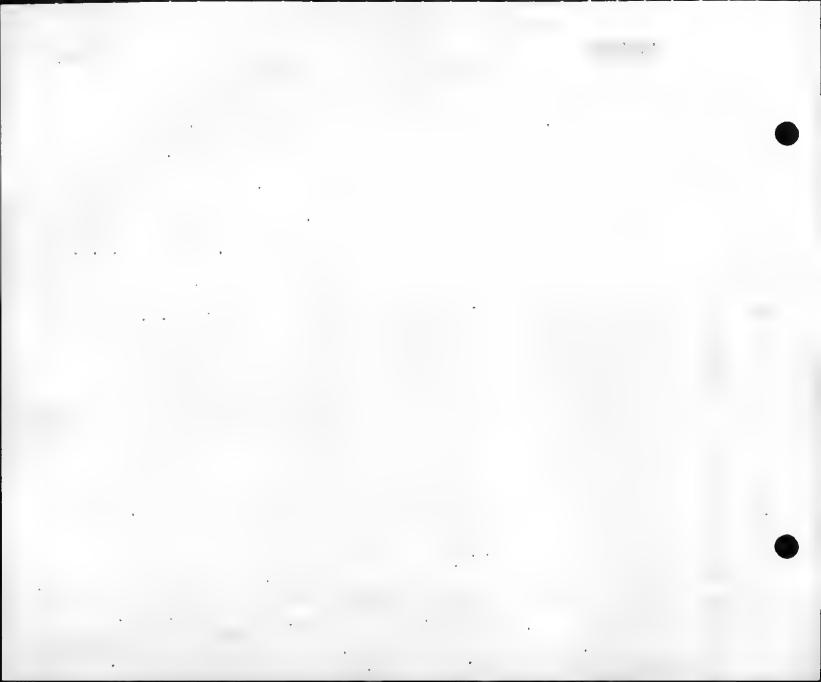
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director, page 3 shauld be detached far use as the burial-transit permit. Then, please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death

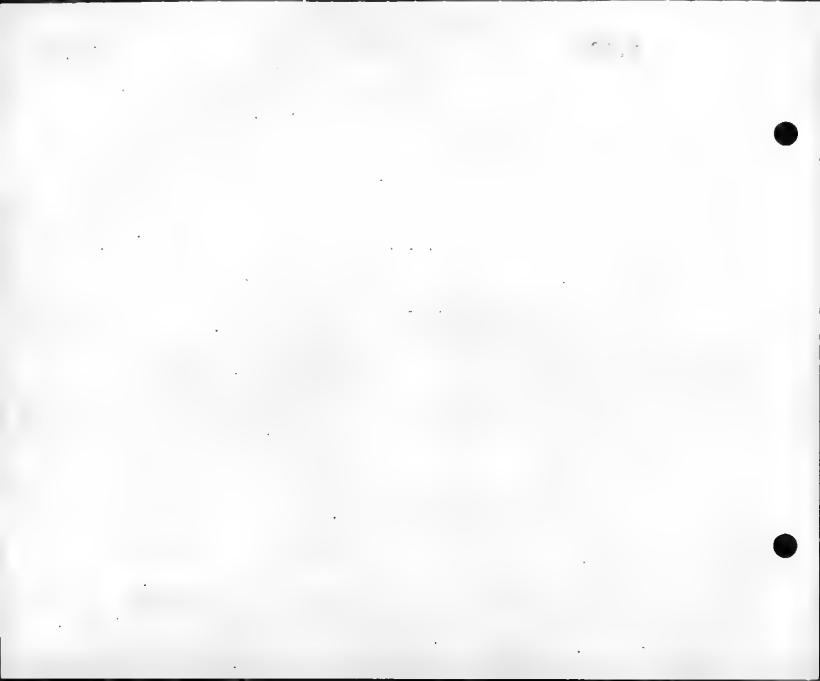
1474 lan line" 4 VICTORIZ Koth Bishop 5-15-01 85 Brabeton acutous Richeton melletin Chamil 2 1225y - V10-6 66 A DESCRIPTION OF THE PARTY OF T

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14758 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours ofter death. ond funerol 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH Maryland b. COUNTY Washington o. COUNTY Washington nd completely filled in by the fur emove carbon papers. Pages 1 any event, within 72 hours after MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, rural Hagerstown WHAP OF STOWN d STREET ADDRESS e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Western Maryland State Hospital Rd. 4 YES NO 4 DATE 3. NAME OF Middle Lost Doy First Year emove carbon DECEASED (Type or print) itner 1960 DEATH AGE (In years IF UNDER 24 HRS. 6 COLOR OR RACE DATE OF BIRTH S SEX lost birthdoy) Months Hours female white WIDOWED DIVORCED 49 12 CITIZEN OF WHAT KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b COUNTRY? during most of working life, even if retired) industry resturant Waynesboro, Pa. LA MOTHER'S MAIDEN NAME 13. FATHER S NAME ottending pny burial, cremation, or remova Ellen Reynolds Lewis J. Bryan 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) ((If yes give wor or dates of service) Hagerstown, Md. 220-10-3256 Janice Hoffman no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) signed by the buriol-transit p PART I. OEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse the last. o o WAS AUTOPS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) has PERFORMED? CERTIFICATION certificote 5 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While While of work 21. I certify that (1) (this hospital) attended the deceased from director, page 3 should should be filed with the saw the deceased alive on October 2, 1966, and that death occurred at 1.45 M, fram causes and on the date stated above. O FUNERAL DIRECTOR: 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR 22d. ADDRESS western md.sta 22c. PHYSICIAN'S NAME (Type) Hagerstown 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION. (County) REMOVAL (Specify) 10/11/66 Hagers town Md Rose Hill Cometery 250. REC D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Minnich funeral Home Hagerstown Md. DATE





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. deo campletely filled in by the funeral ove carban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) shington o. COUNTY ashin ton MARYLAND c JENGTH OF STAY IN 15 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) b CITY OR TOWN (If autside carporate limits. write RURAL and give negrest town) "eeks Hagerstown Hage 's omn d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS event, within 72 116 Fairground Ave ashington County Hospital YES NO T 3. NAME OF First Middle DATE Manth Yeor Lost DECEASED BITHER JACOB RO Y not 1966 (Type or pnnt) DEATH IF UNDER 24 HRS AGE (in years IF UNDER 1 YEAR SEX 8. DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** remove last birthday) Hours at 10 signed by the attending physeran and ca burial-transit permit. Then please, remov burial, crematian, or remavol, artein any WIDOWED 3 DIVORCED 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fereign country) COUNTRY? during most of working life, even if retired) INDUSTRY P ercersburg Francl 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Enma F. Pittněn Frank B. Bitner 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, ng. or unknown) (If yes give war or dotes of service) 705-10-6637 Lrs Catherine Snyder 916 Larion St Hagerstown ad. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. **DUE TO** Condit ans, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause be detached for use as the State Dept. of Health priar ta has been last 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN (AL PART 1(g.) CERTIFICATION YES 🖂 NO O FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING. 1 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Haur a.m. Nat While at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram. director, page 3 should should be filed with the and that death occurred at 12 P M, from causes and an the date stated above. saw the deceased alive an-66 19 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) agenstour 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (State) BREMOVAL (Specify) edar Hill Cenetery Greensistl 43 2Sb. REGISTRAR'S SIGNATUR 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1956



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH O requires that the death certificate be executed within 24 hours ofter death. deot 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) completely filled in by the funeral ove carbon papers. Pages I and PLACE OF DEATH o. COUNTY h COUNTY Washington after (Maryland MARYLAND Washington c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate ismits, write RURAL and give negrest town). b CITY OR TOWN (If outside corporate limits. popers. Pog hin 72 hours c write RURAL and give nearest town)
rural Hagerstown Big Spring 1 month d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Gatway Convalescent Home YES NO [in any event, within NAME OF Middle Lost 4 DATE Month Year DECEASED GEORGE NMN BOYD. SR. 2 19 66 Oct. (Type or print) DEATH 9 AGE (In years IF UNDER IF UNDER 24 HRS. SEX & COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 8 last birthday) NEVER MARRIED remove white Mar. 28.1882 male WIDOWED DIVORCED gug 10a LISUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 200 farming COUNTRY? during most of warking life, even if retired) physician on the physician of the physic Clear Spring 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME d by the ottending phetransit permit. Then, cremotion, or remotion, Daniel G. Boyd Lucy V. Harne WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 220-54-2850 Tenafly. N.J. no George Bovd. Jr. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the burial-transit p burial, cremotin PART I. DEATH WAS CAUSED BY UNK NOWN ARTERIOSCLEROTIC HEART DISEASE IMMEDIATE CAUSE (n) DUE TO UNKNWN ARTERIOSCLEROSIS. GENERALIZED Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause ottending os the prior to hos been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION for use Health ADENOCARCINOMA OF THE PROSTATE NO TO FUNERAL DIRECTOR: After this certificate by the hospital or 20g ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) letoched f Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 204 INHIRY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (Caunty) (Stote) Hour a.m. factory, street, affice bldg., etc.) Not While State [OR ATTENDING at work 21 I certify that (I) (this haspital) attended the deceased from saw the deceased glive an SEP T 28 and the 45 M, fram causes and an the date stated abave. should iff the ? be retained saw the deceased alive an , and that death accurred at 22b. DATE SIGNED 220 SIGNATURE ATTENDING 1966 OCT 2. M.D. DIRECTOR pa PHYS director, page should be filed ADDRESS 22c. PHYSICIAN'S SPRING. MARYLAND Page 4 may MD. ROBERT COHEN. ARCHIE NAME (Type) 23g. BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 10/2/66 Lee Funeral Home Washington D.C. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) Clear Spring. Rowland Funeral Home 41 SATE 20 M 1/66

2 3 4 1 1 14 17 17 1 7 1 7 1 7 7



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

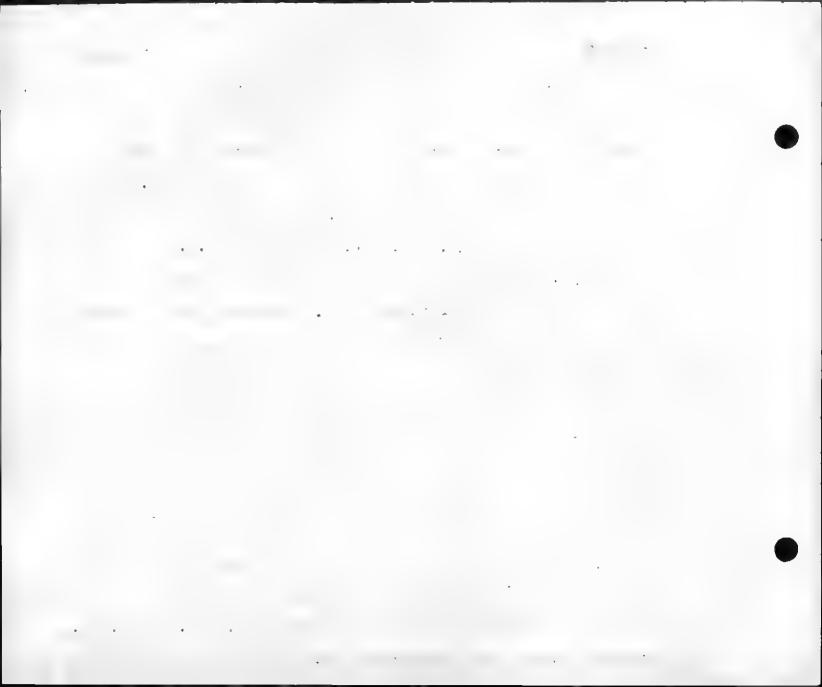
	DIAIZION	OL PLATIBILITAT	RESEARCH AND RECORDS, S	OF W. PRESIDING	EET, DALIIMOKE, MAK	TLAND ZIZUI	
	14763		CERTIFICAT	E OF DEATH		1479	163
1	PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if instr		efare admission)
Т	d. COUNTY Wasl	hington	MARYLAND	a. STATE Mary	land b. (Wasl	hington
h	b. (ITY OR TOWN (If outside	corparate limits,	c. LENGTH OF STAY IN 1b	CITY OR TOWN (IF or	utside carporate limits, write l	RURAL and give nea	rest fown)
П	Hagerstown	rest tawn)			stown	, , , , , , , , , , , , , , , , , , , ,	
-	d NAME OF HOSPITAL OR INS		3-1	d. STREET ADDRESS			e IS RESIDENCE
7					ownsville	D4 %- a	ON A FARM?
	Washington	County	Hospital	1901 I	MANIZATITE 1	TIRE	YES NO
3	NAME OF DECEASED	Frst	Middle	£0S†			ay Year
П	(Type or pont)	MARTIN	ANTHONY E	ROWN	OF DEATH	t. 1	4 19 66
5	SEX 6 COLO	R OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEA	
	male Wh:	ite wide	OWED DIVORCED	Jan 31,19	58st birthday)	Months Day	s Hauts Min
1	On USUAL OCCUPATION (Give kind	of work dane	Ob. XIND OF BUSINESS OR	11 BIRTHPLACE (County	& State, or foreign country)	12 CIT ZEN	
0	uring most of working life, even if	fretired)	Int. Rev. Ser	Washing	ton D.C.	COUNTR	Y ?
	3. FATHER S NAME		· · · · · · · · · · · · · · · · · · ·	14 MOTHER'S MAIDEN	NAME	1	
1	Clare	nce Brown	1	Magd	eline Betz		
 	S WAS DECEASED EVER IN U.S. A	RMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		dress	
	(Yes, na, ar unknown) (If yes giy)	war or dates of service	M _ f	Mrs. Marga	ret Brown		stown, M
F				MIS. Marga	Tec Diowii		
1	18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CA	r only one cause per li	ne for (a), (b), and (c).)	0.00	№		INTERVAL BETWEEN ONSET AND DEATH
П		MEDIATE CAUSE (a)	Corona	my Occi	usion	1	ONSET AND DEATH
н	4201	DUE TO	(A)	100	,		
н	Conditions, if any, which gave) (b) (evan any 2 clareses						
	rise to immediate cause (a), stating the underlying cause DUE TO						
	last,	(c)					
	PART II OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)		9 WAS AUTOPSY
MODE CONTROL AND	140		in the same of the	cclusion			PERFORMED? YES NO Z
200	200 ACCIDENT WAS UNDERLY	ING 1	05 DESCRIBE HOW INJURY OCCURRED				113 110 [6]
I	OR CONTRIBUTING CAUSE	OF DEATH	DESCRIBE NOW INDUSTRICTION	Come increase or reflers in	run i un run ii un nemi ib.)		
=	(IF EITHER, NOTIFY MEDICAL E		AL INDIAN ACCURAGE AND IN	acc or white di	Loot (c)		
Ė	2 20c TIME OF INJURY Month	7 1		ACE OF INJURY (Home, farm ctory, street, office bldg., etc.)		(County)	(Stote)
13	p.m.		at work at work				
	21 I certify that		ittended, the deceased from_		1956, to 9/1	7, 19 <u>66-</u> ,	that (I) (we) las
	saw the deceased alive an 1966, and that death occurred at 11 15 M, from couses and an the date stated above.						
Т	220 SIGNATURE	0 11 8	11/100 RUC	ATTENDING	MED. STAFF	22b DATES	
	100	ert Vh Co	amphell "	D PHYS.	DIRECTOR PHYS.	10/	5/66
	22c. PHYSICIAN S	1 7/1	Can 26-11	22d. ADDRESS	11/2		
L	NAME (Type)	berl V. h.	(amphel)		of agensio	un n	12
2	30 BURIAL, CREMAT ON,	23b DATE THEREOF	23c NAME OF CEMETERY OF	CREMATORY	23d LOCATION (City or)	lawn) (Caur	nty) (Stote)
	REMOVAL (Specify)	10/5/66	Arlington	National C	em. Ft. Mc	eyer. Va	A .
	24. FUNERAL DIRECTOR		ADDRESS			REGISTRAR S SIGNAT	TURE
	Minnish Fu	namal Han	e Hagerstown,	Md . DATE C	CT 7 1956	001,00	a Quelas
L	MAINIAGH EU	HALTT DON	16 HGEGIOLOMII	TACE . DAIL	1000	1 Court	Sa Viedas.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit free please remove carban papers. Pages 1 and 2 should be filed with the State Dept. af Health prior ta burial, crematian, ar Panaval, and in any event, within 72 haurs afterdeath.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the leath certificate be executed within 24 haurs after ded

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 74764 requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH b COUNTY rince George's a COUNTY Larvland washington MARYLAND ompletely filled in by the fur ve carbon papers. Pages 1 event, within 72 hours after c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b CITY OR TOWN (If autside corporate limits. c LENGTH OF STAY IN 16 write RURAL and give nearest town). North Forrestville, Md. da erstown d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? lestern and State Mosnital 78th Place ... 3434 YES NO TO 4 DATE 3. NAME OF Middle First OF DEATH DECEASED Oct. 18. ESTEEN BUHAJOE 9. AGE (n years NEVER MARRIED 8 DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED last birthday) Months female white 14/4 17, 1907 WIDOWED DIVORCED 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 106 K ND OF BUSINESS OR 1 BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) U Swousipy T COUNTRY 3 North Carolina Clerk 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, cremation, or removal Sarah Rogers Sam Ferrell IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 577 07 0488 Russell H Buffaloe N Forrestville, Md. 1B. CAUSE OF DEATH (Finter only one cause per line far (a), (b), and (c))
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN LOBULAR PREUMONIA IMMEDIATE CAUSE (a) DUE TO cerebral thrombosis Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause a Rterio sclerosis, general PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Partial intestinal obstruction NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20x TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Hour o.m. Not While 21. I certify that (1) (this hospital) attended the deceased from appeal 5, 1966, to Oct. 18, 1966 that (1) (we) last saw the deceased alive an Oct. 18, 1966, and that death occurred at 9:50 M, from causes and on the date stated above. 22a, SIGNATURE 22b. DATE SIGNED B /sct. 18,1966 22d ADDRESS Western md. State Hospital 22c. PHYSICIAN'S Victor L. Ramos, mis. NAME (Type) Hagerstown, maryland 23c. NAME OF CEMETERY OR GREMATORY > 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION 23b DATE THEREOF (Stote) REMOVAL (Specify) Colmar Manor Pro Geo Ft Lincoln Cemetery Oct 21, 1966 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 [4] 20 M 1/66 F. Hasch's Sons Tyattsville, Md. DATE



HEALTH

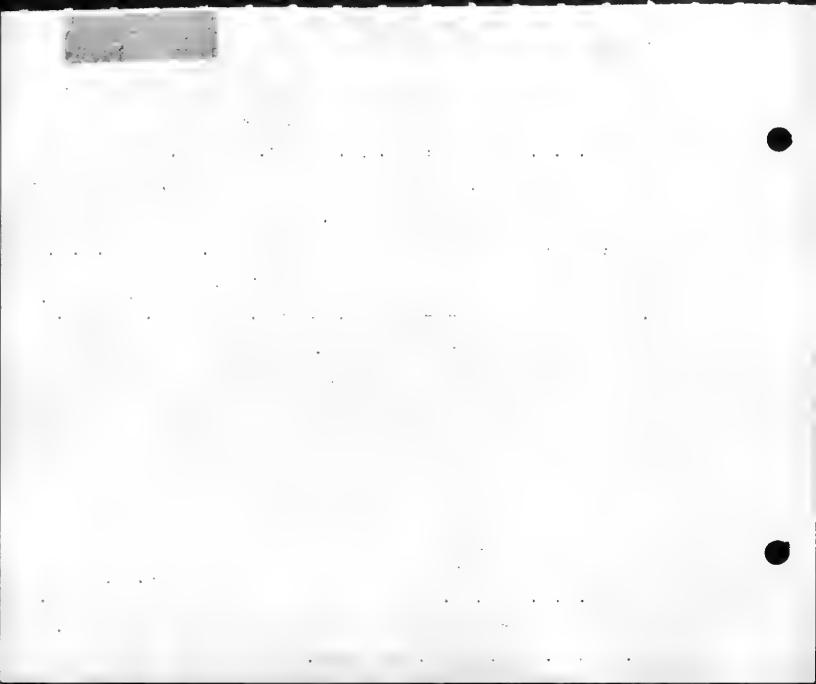
STATE' H DEPT. cessary, e funeral 5 may be the pages 1 and 2 with the State Department and in any event within 72 hours after death.

O DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the director. Page 4 should be forwarded to the Chief Medical Examiner's Office, along with form PM3. Page 5 retained for your files. TO FUNERAL BIRECTOR: Page 3 should be used as a burlal-transit permit. I of Health or its designated agent, prior to burlal, cremation, or removal, TO DEPUTY MED

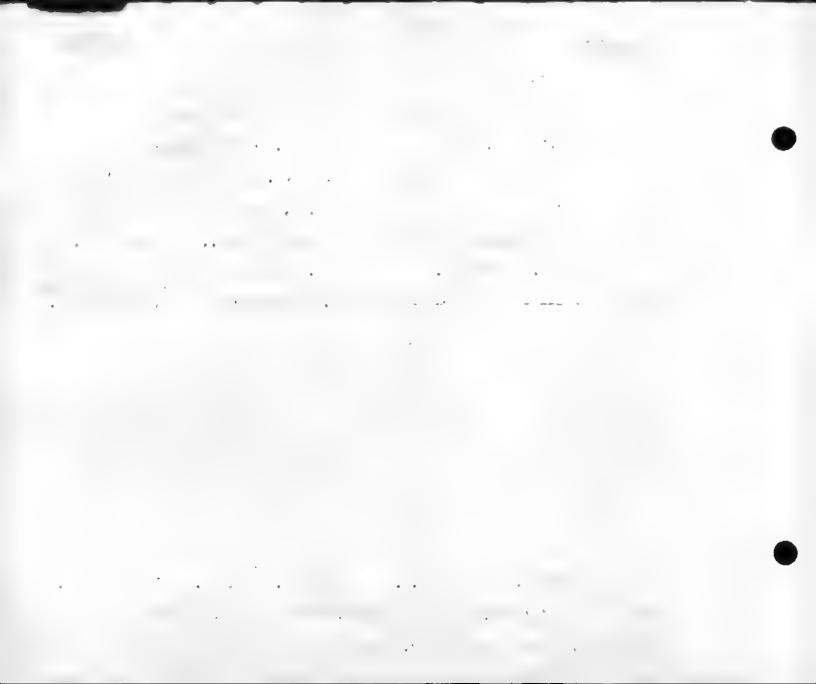
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND 705 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased Irved, If institution: R	lesidence before admission)	
	a COUNTY Washington Magy AND	a. Starfyland b. CDUNTWa shington		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and giva nearest town)	
	Hagerstown Minutes	Sharpsburg	011	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		a. IS RESIDENCE	
			ON A FARM?	
	Western Md. R. R. Parking Lot: Eliz. Av		YES NO X	
3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year	
	(Type or print) Donald Babbington	Byrd DEATH October 27	, 19 66	
5.		DATE OF RIGHTH 19 AGE /In years HEIINDER	1 YEAR HE UNDER 24 HRS	
		Feb. 20, 1914 52 yrs. 8	Days Hours Min.	
70	HIGHAL OCCUPATION /Chee kind of work done 10h VAND OF DIRECTOR	11. BIRTHPLACE (State or foralgn country) 12. Cl	ITIZEN OF WHAT	
du	ring most of working life, even if retired) INDUSTRY	CC	DUNTRY?	
	Railroad Carman Railroad	Keedysville, Md.	U. S. A.	
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	David Byrd	Amanda Babbington		
15	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 27. es, no. or umkown) (If yes give war or dates of service)		burg, Md.	
13				
-		s. Frances M. Byrd, 109 S. Chu		
	18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
	IMMEDIATE CAUSE (a) Coronary Occlusion	Ant. Descending	Instant	
	4201 DUE TO	- Contract of the contract of		
	Conditions, if any, which \ m Coronary Atherosole	erosis, Severe Sev	eral years	
	gava risa to immediata (
1	underlying course feet			
-	underlying cause last.) (c) PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEN TO THE TERMINAL DISCASS COMPLETION CIVEN IN DART 1/0)	119. WAS AUTOPSY	
100	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	IED ID THE LEKWINAE DISEASE COURT HOW GIA EM LULAKTI I(8)	PERFORMED?	
2			YES X NO	
MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter natura of Injury in Part I or Part II of Item 18.	.)	
S	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.			
K	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC		inty) (State)	
ă	Willia I TOO WILL IN THE PARTY OF THE PART	y, street, offica bldg., etc.)		
Σ	21. I certify that I took charge of the remains described above, held	d an Autopsy [x]. Inspection []. Inquiry [].	and in my opinion	
	death resulted from: Natural causes 🔀, Accident 🗍, Suic	cide , Homicide , Undetermined manner		
		CHIEF MEDICAL EXAMINER		
	SIGNATURE A. WINAMA	_M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED	
	PVAMINERIO	DEPUTY MEDICAL EXAMINER 🖾 Oct. 28	, 1966	
,	NAME (Type) Dr. E. W. Ditto. Jr.	Address (Street, city, town, or county) Hagers	town Md	
23	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Address (Street, city, town, or county) Hacers OR CREMATORY 23d. LOCATION (City, town or co.	inty) (State)	
24	FUNERAL DIRECTOR ADDRESS	e Cemetery Rural Rohrersvil	S SIGNATURE	
100	ohn H. Bast, Jr. 112 N. Main St. Boonshop	ro Md DATE NOV 1 1966 Police	enter Quela	

VR AISME (5) 5M 1/65



	1 (1/	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
-	F = 0/5	4	14786 CERTIFICATE OF DEATH 14759	
diam's	death.	ī	El desire (more account title) It intilization resident account title in the contract of the c	(noi
	after the fu		WASHINGTON MARYLAND WASHINGTON	
	24 hours after filled in by the hapers. Pages 1 n 72 hours after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	(חא
	in In I hou	-	HAGERSTOWN 1 DAY HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 1 e. IS RESIDEN	NCF
	24 hd filled papers in 72	0	ON A FARM	
		/ =	WASHINGTON COUNTY HOSPITAL 305 N. MULBERRY STREET YES NO. 1 NAME OF First Middle Last 4. DATE Month Day Year	
	tending physician. ttending physician. ttending physician. has been signed by the attending physician and completely filled in by as the burial-transit permit. Then, please remove carbon papers. Pag prior to burial-transit permit. Then, please remove carbon papers. Pag prior to burial, cremation, or removar, and in any event, within 72 hours	١	DECEASED OF COUNTY OF THE COUN	6
	comple comple ve car event,	5	SEX 16 COLOR OF PACE 12 MARKET CONTROL 18 DATE OF RIDTH 19 ACE (In years FINNER 1 YEAR HE INDER 24)	HRS.
	and emor		MALE WHITE WIDOWED DIVORCED AUG. 4. 1905 61 yrs.	lin.
	e e e e e e e e e e e e e e e e e e e	1	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR uring most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?	
	te ci		CHIEF STATIONARY ENGINEER RAILROAD WASHINGTON CO., MARYLAND U.S.A.	
	lear lear	1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	dia	_	WILLIAM F. CHANEY, SR. M. ELEANCR SHELEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HAGEBASEOWN, MARYLAND	
	ires that the death certifu physician, signed by the attending burial-transit permit. The burial, cremation, or remode		Yes, no. or unknown) (Hyes give war or dates of service) 705-10-5970 MRS. HELEN CHANEY 305 N. MULBERRY ST.	
	the at per	-	1.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 1	EN
	the by t insit		PART I. DEATH WAS CAUSED BY:	ΓH
	ires that the physician. n signed by burial-transit		420/ DUE TO	-
	phys sig suris		Conditions, If any, which } (h)	
	ing ing leen to to		gave rise to immediate (cause (a), stating the DUE TO	
	law requires that that the attending physician, has been signed been see the burial train harior to burial, cre		underlying cause last.) (c)	cv
	~ @ ~ % =	CEBTIIICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPS PERFORMED	?
	4. The cal or ifficate for us Healt		YES NO 20a, ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 13.)	나
	PHYSICIAN: the hospital this certifi detached fo e Dept. of H	100	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	PHYSIO the ho this of			·>
		MEDICAL	Hour a.m. P.m. 19 While Not While factory, street, office bidg., etc.)	
	ATTENDING retained by CTOR: After should be vith the Star	ľ	21. I certify that (I) (this hospital) attended the deceased from 6/24, 1964, to 1011, 1966, that (I) (we)	last
	ATTENDII retained CTOR: A: should vith the S		saw the deceased alive on 10111966, and that death occurred at 30 AM, from the causes and on the date stated abo	ove.
	OR A be re DIREC ge 3 ee 3		22a. SIGNATURE John Lake M.D. ATTENDING MED. STAFF 10/11/1966	
	may kar Digger base file		John H Hom Cake M.D. ATTENDING DIRECTOR DIRECTOR 10/11/1966 22c. PHYSICIAN'S	—
	HOSPITAL age 4 may FUNERAL irector, pa	/	NAME (Type) JOHN H. HORNBAKER M.D. 154 W. WASH. ST. HAGERSTOWN. MD.	
	TO HOSPITAL OR ATTENDIN Page 4 may be retained I TO FUNERAL DIRECTOR. Ati director, page 3 should the Should be filed with the S	2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	=
	5 5 5 2 2		BURIAL (Specify) 10/13/1966 REST HAVEN CEMETERY HAGERSTOWN, MARYLAND	
	0		24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE CHARLES M. ROUZER HAGERSTOWN MARYLAND DATE OCT 14 1966 Charles Sudge	,
	VR A15 (4) 1 20M 1/65		CHARLES M. ROUZER HAGERSTOWN, MARYLAND DATE UUI 14 1966 Junge	=

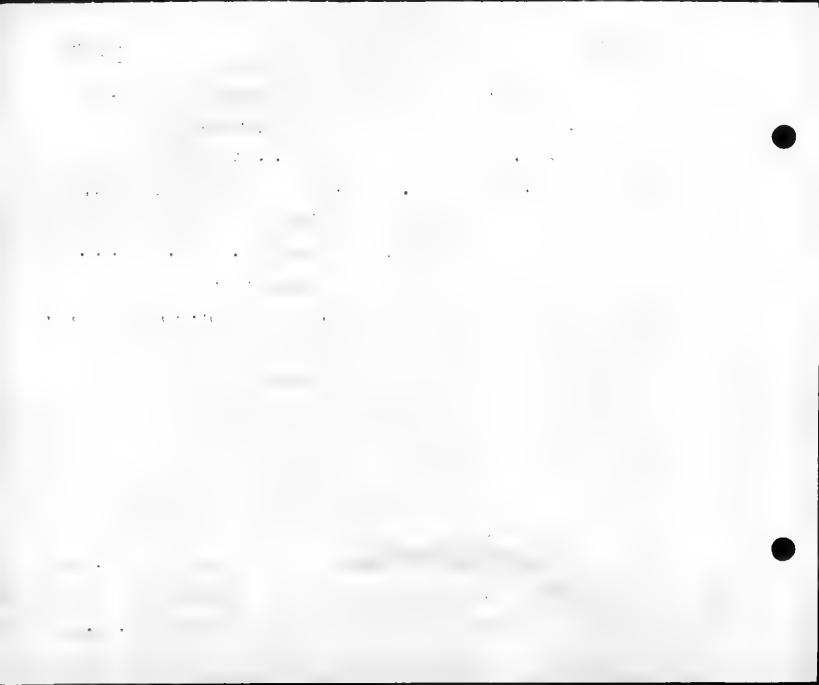


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed ved, finst tut on Residence before admission) o. COUNTY 2, and 3 to PM3. Page b COUNTY 5 ofter deoth. b CTY OR TOWN (If cutside carporate mits, write RURAL and give nearest town) MARYLAND Maryland Washington Deportment r CITY OR TOWN (If outs de corparate limits, write RURAL and give neorest town) C LENGTH OF STAY & Ib 8 Hrs Hageratorn Hagersto n d NAME OF HOSPITAL OR INSTITUTION (If not in hospito give street oddress) Item 18. Give Pages 1, 2 Office along with form d. STREET ADDRESS e IS RESIDENCE hours ON A FARM? shington County Hospital Fast " shington St YES NO X hours after death 3 NAME OF Middle lost 4 DATE within 72 DECEASED OF DEATH 10t 7 1938 EDGAR CHAP.JI (Type or pont) with 1 S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (n years FUNDER I YEAR IF UNDER 24 HRS. last birthdoy) Months Doys Rours "mi te W DOWED Apr 5 1879 DIVORCED event 11 BIRTHPACE (Stote or foreign country) Co Pet 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY 2 Chambersburg Franklin Retired Brick Laver Examiner's 13 FATHERS NAME pencil be executed within 14 MOTHER'S MAIDEN NAME James H. Chapman Sarah Gearhar 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give wor or dotes of service)] 17 INFORMANT 16. SOCIAL SECURITY NO. rd "pending" in Chief Medical E removal, rs E. Geraldine Itnyer Generatour 10 208 Jefferson blvd 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Penatrating qua-shot wound 0 IMMEDIATE CAUSE (o) s o buriol-tra cremotion, o word This certificate should **DUE TO** of Head with Brain Damage Conditions, if ony, which gove icate, writing the place to the rise to immediate couse (a). stoting the underlying couse used os burial, c last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? please execute the certificate. NO X designated agent, prior to 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port II of item 18.) PRIMARY [2] or CONTRIBUTING [Self Fuflitted que shot wound - 32 cal. Pistol **EXAMINER:** 20r TIME OF INJURY Month Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, (County) (City or town) (Stote) the funeral directar. Page 4 sl 5 may be retained for your fi TO FUNERAL DIRECTOR: Page 3 loctory, street, office bldg., etc.) 1100 am 10 -7 - 1968 While of work of work Hagerstown Wash 21. I certify that I took charge of the remains described above, held an Autapsy [...], Inspection [...] Inquiry 12, and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner CHIEF MEDICAL EXAMINER dward w. Diffo III M.D. ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED O DEPUTY DEPUTY MEDICAL EXAMINER 10-7-66 **EXAMINER'S** DR. E.W. DITTO, III, 217 W.WASH ASTS (Street, cty, town, or county) 5 moy to FUNE NAME (Type) 236 DATE THEREOF 23c NAME HAGER STOWN MD. 230 BURIAL, CREMATION, 23d. LOCATION (City of Town) REMOVAL (Specify) Rose Hill Cecetery Hung Huggerstorn W sh He elsto m Lu. 25b REGISTRAR'S SIGNATURE VIII A15ME (5, Andrew K. Coffnan guneral Home Inc 1966 DATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14768 CERTIFICATE OF DEATH b. COUNTY Washington MARYLAND Maryland Washington LENGTH OF STAY IN 16 Hagerstown 1 day Hagerstown

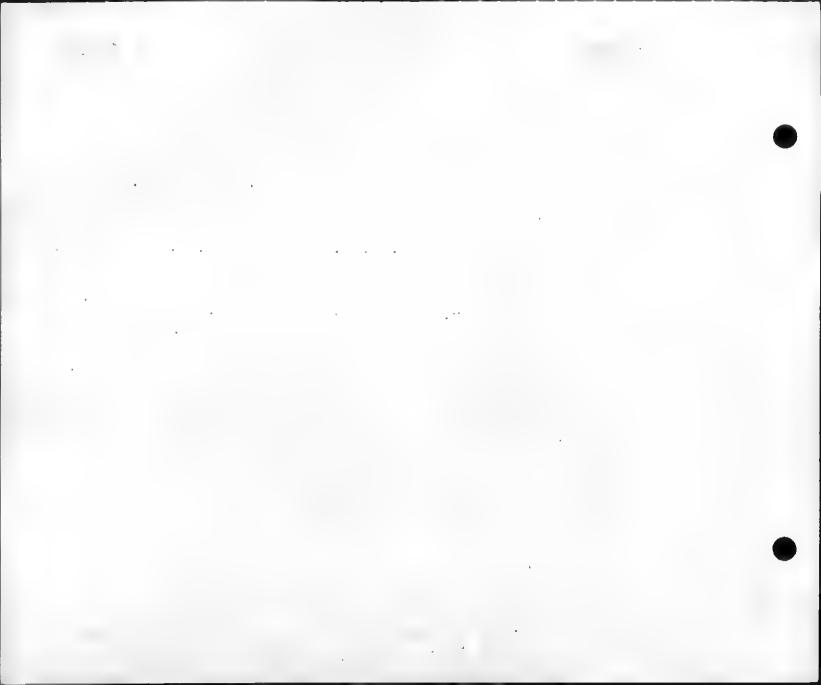
executed within 24 hours after death. I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY ician and completely filled in by the fur leose remove corbon popers Pages 1 and in any event, within 72 hours offer b CITY OR TOWN (If outside corporate limits. c CITY OR TOWN (If autside carporate limits, write RURAL and a ve nearest tawn) write RURAL and give nearest tawn) d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Washington Co. Nospital R.D.# 3 YES NO X NAME OF 4. DATE Middle tast Month Day DECEASED (Type or print) DEATH October Glopper Hattie S SEX B. DATE OF BIRTH 9 AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED ast birthday) Manths Days Hours WIDOWED DIVORCED 9/7/1881 **Female** White 10g USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) requires that the death certificate be during most of warking life, even if retired) INDUSTRY COUNTRY? signed by the attending physician to burial-transit permit. Then please burial, cremation, or removal, and it Housewife Housekeeping Franklin Co. Penna. U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jerry Proyard Margaret Grahm 16. SOCIAL SECURITY NO. INFORMANT IS. WAS DECEASED EVER IN US ARMED FORCES? (Yes, no, or unking win) (If yes give war ar dates at service) Mrs. Betty Callas. R. D#3, Hagerstown. Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gangrene of the left leg by the hospital or attending physician. DUE TO Conditions, if any, which gave Femoral artery embolus rise to immediate cause (a), DUE TO stating the underlying couse has been () Possible rheumatic heart disease last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO X TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt Diabetes mellitus 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day Year 20J INJURY OCCURRED 20e. PLACE OF INJURY (Home form. (City or town) (County) (Stote) Haur a.m. factory, street, office blda, etc.) 21. I certify that (1) (this hospital) attended the deceosed from October 6, 1966, tOctober 919 66 that (1) (we) last be retained sow the deceased alive an October 9 19 66, and that death occurred at 1: 25 M, from causes and an the date stated above. 22b. DATE SIGNED 22a SIGNATURE ATTENDING STAFF Oct. 10, 1966 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) Sharpsburg, Maryland Amarillo 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23g. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Burial 10/12/1966 Broadfording Cemetery Washington Co. Md. 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE

VR A15 (4) 20 M 1/66

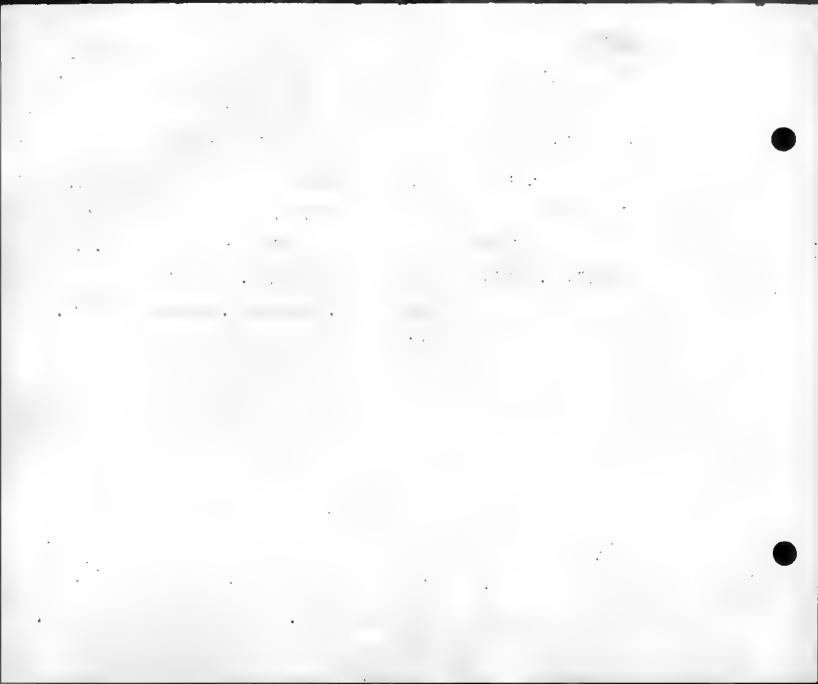


MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND RECORDS 301 OF DEATH death, requires that the death certificate be executed within 24 hours ofter death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH completely filled in by the funerol ove carbon papers. Pages I and y event, within 72 hours after deat b COUNTY Washington a COUNTY Maryland Washington MARYLAND c CITY OR TOWN (If outside corporate limits, write RURA, and give negrest town) CLENGTH OF STAY IN 10 b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Hagerstown 6 Days Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 145 e IS RESIDENCE ON A FARM? Winter Washington County Hospital NO A 4 DATE an and completely forest serious 3. NAME OF Middle Month Day Year DECEASED (Type or print) Colliflowe FATH Oct. 66 Maxwell Chauncey IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 9 AGE (In years S. SEX 6 COLOR OR RACE 7, MARRIED **NEVER MARRIED** last lantaday) Manths Hours 3 July 14. white WIDOWED Male DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired)

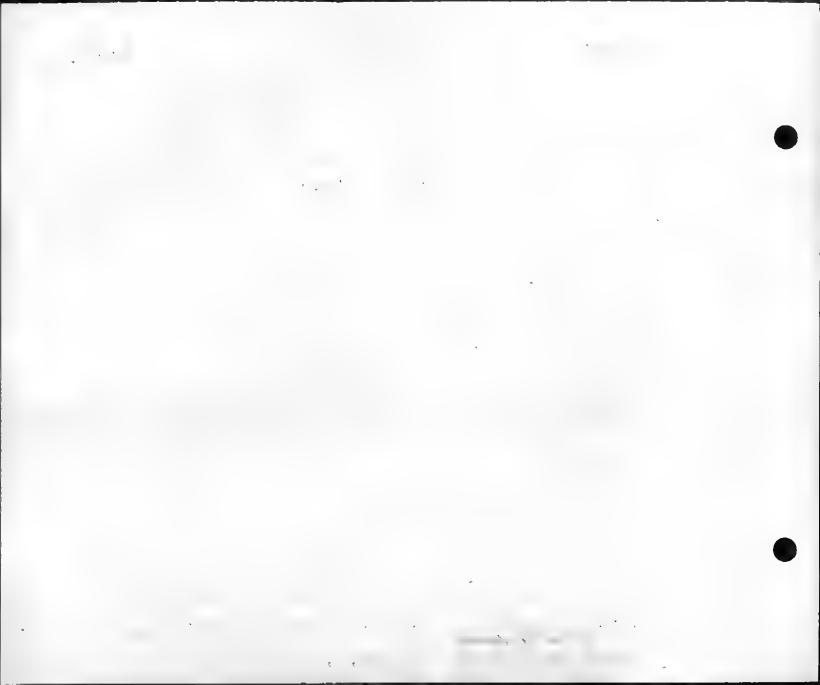
Yard man COUNTRYS INDUSTRY S.A. N.M.RR.Co.Smithsburg, Wash. ottending physing permit. Then pho 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the ottending phy burial-transit permit. Then burial, cremotion, or removal lary Colliflower John Colliflower INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Anti (Yes, no, or unknown) [If yes give war ar dotes of service] Colliflower Catherine E. St 3-16-0838 INTERVAL BETWEEN Hagerstown 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART 1. DEATH WAS CAUSED BY ONSET AND DEATH PHELLMONIN BILLAT IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physician. 440X DUE TO TONES Conditions, if any, which gave JOHNE TUS SP RATION rise to immediate cause (a), DUE TO for use as the b Health prior to b stating the underlying cause hos been last. WAS ALTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Broank كا كا كالماكانة mi Elli Mis NO ULTIPLE TO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBLTING CLAUSE OF DEATH director, page 3 shauld be detoched 1 should be filed with the State Dept. of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20x TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While at work 1965 to 1 Oct 1966, that (1) (we) lost 2). I certify that (1) (this hospital) attended the deceased from 1 A Party 19 40, and that death occurred at 2 10/19 M, fram causes and an the date stated above. saw the deceased alive of 22b. DATE SIGNED 22a, SIGNATURE ATTENDING OUT. A66 M.D. DIRECTOR 22d ADDRESS 22c. PHYStCIAN'S N. Poromine di EMBEN NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL CREMATION. 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Smithsburg Smithsburg Cemetery Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Funeral Home VR A15 (4) 20 M 1/66 Harerstown. Maryland



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# 150 M	14770 CERTIFICATE OF DEATH 14773
24 hours after death. filled in by the funeral apers. Page 1 and 2 no 72 lours after death	1. PLACE OF DEATH a. COUNTY WASHINGTON WASHINGTON WASHINGTON WASHINGTON WASHINGTON
in by the	b. CITY OR FOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b LIFE C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) LIFE HAGERSTOWN
filled papers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) WASHINGTON COUNTY HOSPITAL d. STREET ADDRESS ON A FARM YES NOTE
ulres that the death certificate be executed within 24 ls physician. In signed by the attending physician and completely filled burlal-transit permit. Tilgar-please remove carbon paper burlal-transit permit. Tilgar-please remove carbon paper burlal, cremation, or removal, and in any event, within 72.	3. MAME DF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED 10-0-1-0-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
OR ATTENDING PHYSICIAN: The law required be retained by the hospital or attending DIRECTOR: After this certificate has bee ge 3 should be detached for use as the ed with the State Dept. of Health prior to	Bayer rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPS' PERFORMED? YES NO PERFORMED. YES NO PERFORM
TO HOSPITAL Page 4 may Page 4 may TO FUNERAL I director, pag Should be fil	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL (Specify) 10/19/66 REST HAVEN CEM. HAGERSTOWN MD. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE (1.) LOCATION (City, town or county) (State) ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE (2.) LOCATION (City, town or county) (State) ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE (2.) LOCATION (City, town or county) (State)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ernisate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH campletely filled in by the funeral o. COUNTY b. COUNTY MARYLAND Pages b. CITY OR TOWN (If ourside corporate limits, c LENGTH OF STAY IN 1b outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town), ve carbon papers. Pag event, within 72 hours d STREET ADDRESS e IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address YES NO 🗷 3 NAME OF First Middle Last DATE Month Doy DECEASED Cordova October 19 66 (Type or pont) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH AGE (In years SEX COLOR OR RACE 7 MARRIED NEVER MARRIED remove lost birthdoy) Months Doys Hours WILDOWED DIVORCED in any gud 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stole or foreign country) COUNTRY 2 during most of working life, even if ratired) INDUSTRY Sicion lease and 14. MOTHER STMAIDEN NAME 13. FATHER'S NAME signed by the attending phy burial-transit permit. Then burial, cremation, or removal attending phy requires that the deather Address 17. MFORMANT es, no, or unknown) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO tor use as the L f Health prior to b stating the underlying couse has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) ATTENDING PHYSICIAN: The CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) director, page 3 should be de should be filed with the State ot work 21. I certify that (I) (this hospital) attended the deceased fram / c ta/0~ Afram causes and an the date stated above. and that death accurred at saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE 10/9/66 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 230 REMOVAL (Specify) Rest Haven Cemetery Haaerstown Suria 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1956 Rest Haven Funeral Chapel DATE Haaerstown l'id



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. Page 4 may be retained by the hospital or attending physiclan.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Them please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1 2. USUAL RESIDENCE (Where deceased lived, 14 institution: Residence before admission)

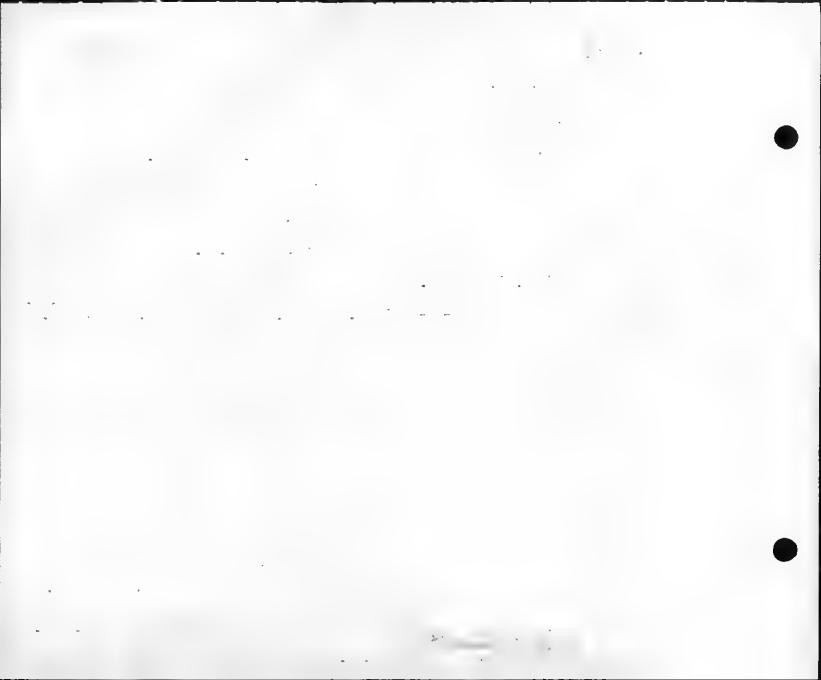
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	b. CITY DR TDW	corporate	limits,	c. LENGTH OF STAY				orate limits, writ	e RURAL	and give neare	st town)		
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WASHINGTON COUNTY HOSPITAL							RT.	#2				YES 🔀	
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	OR CONTRIBUTI												
MEDICAL	20c. TIME OF Hour a.r		th, Day, Ye			e. PLAC	E OF INJURY (Hi y, street, office b	ome, farm	1, 20f. (C	ity or town)	(Cour	nty) (State)
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	21. I certif	y that (I) (ti	nis hospit	al) attend	led the deceased fro	оп	SEPT. 23	, 19_/	66_, to_	OCT. 2	., 19_6	that (I) (s	ve) last
			Dn	Cr, 2	. 🛂 19 66., ап	id that	death occurre			n the causes a			above.
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L	22c. PHYSIQ1A	Tru	Z ¥	7	race	M.D.	PHYS. 22d. ADDR		RECTOR	PHYS.			
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

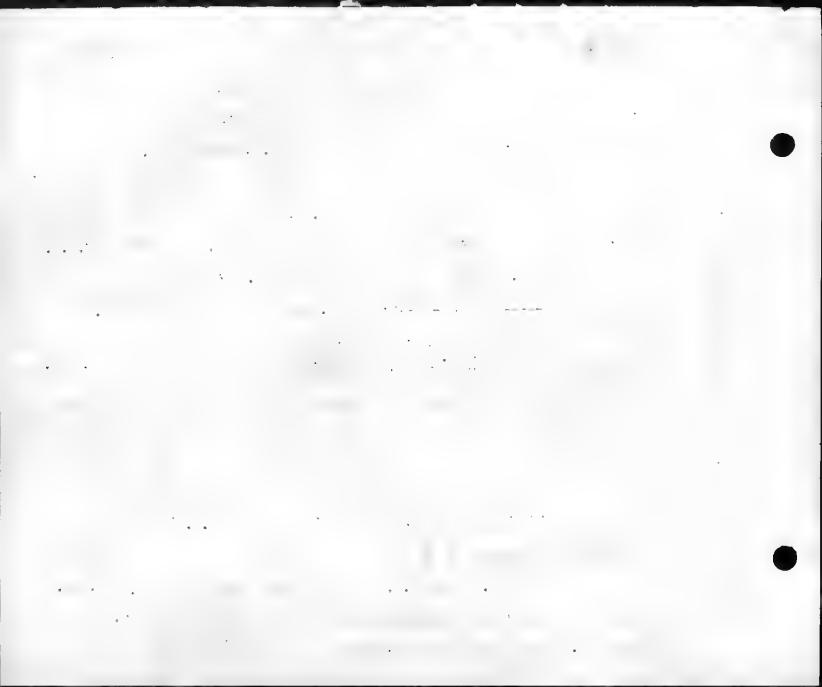
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luires the shall be sided by urial-tra			Conditions, if any,	DUE , which gave)	TO /	iassive hifos	Tun	frontal	lobe -	Brown		3 W/20
90000			nise to immediat stating the under last.	rlying cause DUE	TO (t)	V	follo	ming Ar	ugny	jer (a)		
AN: The law rail ar attending icate has been far use as the Health prior ta	7	11011	PART II. OTHER SI	SNIFICANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERM!	nal disease con	IDITION GIVE	N IN PART 1(a)	1	19. WAS AUTOPSY PERFORMED? YES NO
SICIAN: spital a ertificate ed far a		CERTIFICITION	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY OCCURRE	(Enter nat	ture of injury in l	Part I ar Part	II of item 18)		
the hor this contract detach		MEDICAL		JRY Manth, Day, Year n.	20d 1N While at wark	Nat Whilefi		URY (Hame, form, affice bldg., etc.)		(City or town)	(County)	(State)
ned by NR: Afte tuld be the Sto			yow the de	fy that (I) (this has	pitol) attend	ed the deceased from 19 05, and th	ot death			, from causes	and on the d	
OR ATI re retai IRECTO 3 Sho d with			224 SUCHAFURE	1 Alleslen	een		ATTE	NDING [MED. DIRECTOR	STAFF PHYS	22b DATE ST	GNED
PITAL I may E	7 h		22c. PHYSICIAN'S NAME (Type	Philip J.	Hirsh	man, II.D.	220	ADDRESS 59 West	Washi	ngton St	., Haj.	, IId.
Page 4 may Pege 4 may O FUNERAL director, po		230	BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THE	166 .	23c NAME OF CEMETERY O		ial Gare	den H	CATION (City or To	n Wast	h. Md.
VR A15 (4)	1.0		FUNERAL DIRECTO		Hor	dageratown M		25g. REC D	BY REGISTRA	AR 25b. RE	GISTRAR'S SIGNAT	URE



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 3D1 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14777

V	147.90	(a	CERTIFICATI	E OF DEATH	14	777
1.	PLACE DE DEATH			2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
L	e. COUNTY	WASHINGTON	ALL DATE OF THE PARTY OF THE PA	a. STATE MARYL	AND b. COUNTY WA	SHINGTON
-	b. CITY DR TOWI	(if outside corporate limits	MARYLAND 1 C. LENGTH OF STAY IN 1b		Side corporate limits, write RURA	
	Write RURAL	(if outside corporate limits, and give nearest town) TOWN	1 DAYS			,
_			t in hospital, give street address)	d. STREET ADDRESS	RSTOWN	e. IS RESIDENCE
						ON A FARM?
		N COUNTY HOSPIT			SHINGTON ST.	YES ND X
3.	NAME DF DECEASED	First	Middle	Last 4.	OF COTORED	20 Year
	(Type or print)	EDITH	VIOLET	DORSEY	DEATR	13
5.	SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (in years IFUNDE last birthday) Months	R 1 YEAR IFUNDER 24 HRS.
	FEMALE	WHITE WIDO	WED DIVORCED [NOV. 6. 1903	62 yrs.	1
10	a. USUAL OCCUPATI	ON (Give kind of work done 10	Ob. KIND DF BUSINESS OR INDUSTRY		& State, or foreign country) 12.	CITIZEN OF WHAT
0.0	OWNER & O	ng life, even if retired) PERATOR	FROCERY STORE	WASHINGTON	CO. MARYLAND	II-S.A.
13	. FATHER'S NAME			14. MOTHER'S MAIDEN		010181
		JOSEPH H. MART	TN	VIRGIE B.	A TIETY A NITHER	
13	. WAS DECEASED E	VER IN U.S. ARMED FORCES? I		INFORMANT	HAGERSTOWN, MA	ADVIAND
(Y	es, no, or unkown) NO	(If yes give war or dates of service)			-	
-		FATU Crater and and account		RS. ROSE ROHRI	ER 41 HARVARD RI	I INTERVAL BETWEEN
		EATH (Enter only one cause ATH WAS CAUSED BY:				ONSET AND DEATH
	I AKT I. DO	IMMEDIATE CAUSE (a)C	<u>Congestive Heart I</u>	<u>Failure</u>		3½ hours
	1	DUE TO M	arked secondary a	nemia		UNKNOWN
	Conditions, If a	iny, which to the C	irrhosis of the	iver		6 months
	cause (a), st	ating the DUE TO				
_	underlying cause		lcoholism and ina			unknown
CERTIFICATION	PART II. OTHERS	GNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1(a	1) 19. WAS AUTOPSY PERFORMED?
2						YES NO
ΙË	2Da. ACCIDENT	WAS UNDERLYING 20 NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Inju	ury in Part I or Part II of Item 1	8.)
E	(IF EITHER, NOT	IFY MEDICAL EXAMINER)				
MEDICAL			Od. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm,	2Df. (City or town) (Co	ounty) (State)
<u>=</u>	Hour a.m		work Not While	ry, street, office bldg., etc.)		
2				Oct. 19 . 19 6	6 to Oct. 20 19	66 that (1) (un) last
		eased alive pn			2M Profit the causes and on	
	22a. SIGNATUR		1900, and that			DATE SIGNED
П	1//1	14 Ja Kerman	mg.	ATTENDING MED.	CTOR PHYS. 10	7/21/1966
L	22c. PHYSICIAL	V'S	M.D.	PHYS. ADDRESS	CTOR PHYS. L. 1 10	721/1700
	NAME (Ty	nel	LAYMAN M.D.	PROFESSION	IAL ARTS BIGD. HA	G. MD.
23	a. BURIAL CREM				23d. LOCATION (City, town or co	
23	a. BURIAL CREMI REMOVAL (Spe BURIAL	10/22/1966			WASHINGTON CO.,	
	FUNERAL DIREC		BROADFORDING ADDRESS	25a. REC'D	BY REGISTRAR 25b. REGISTRAL	
			ERSTOWN. MARYLAND			arley Judge
			THE PERSON NAMED IN TAXABLE PARTY OF THE PAR	DATE UL	1 4 4 1300 1	- TONY XMAN

VR AI5 (4) 20M 1/65

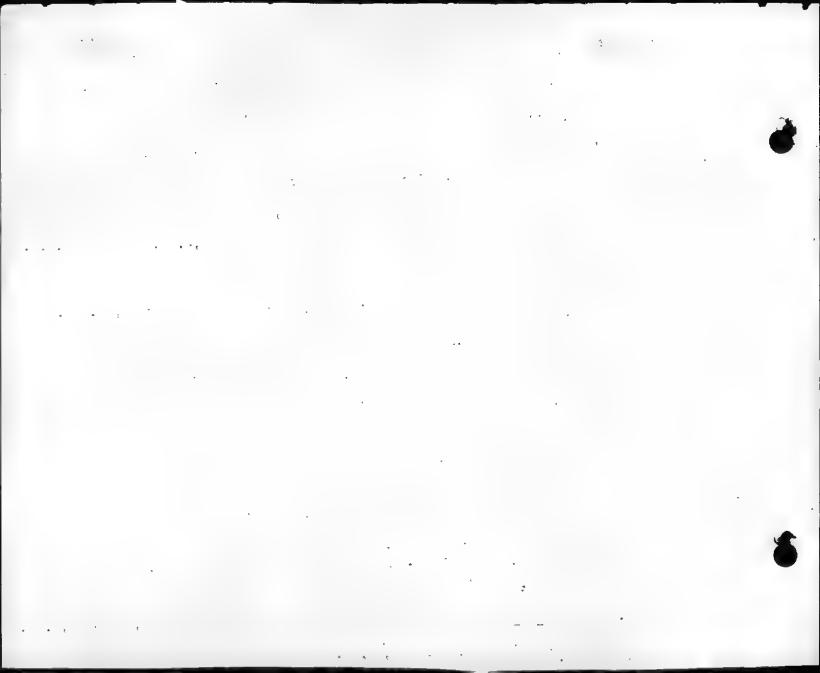


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	2 20 R B 64			OLIVIII	OAT	L OI DEAI		- 2	T - 8 8	10
1.	PLACE DF DEAT	Н								ence before admission)
		ashington		MARY	LAND	a. STATE We	st Virg:	inia ^{b. COUNT}	Ber	keley
	b. CITY OR TOW	N (If outside corpora and give nearest to	ite limits,	c. LENGTH OF STAT	(IN 1b	c. CITY OR TOWN	(If outside cor	oorate limits, write	RURAL and	give nearest town)
	В	oonsboro				Ma	rtinsbu	rg		
		SPITAL OR INSTITUTION		ospital, give street a	ddress)	d. STREET ADDRES	SS			e. IS RESIDENCE ON A FARM?
		s Nursing				50	2 West		et	YES NO 😿
3.	NAME DF DECEASED	Nora Nora	Irst	Middle		Last	4. DATE DF	Month		Day Year
5.	(Type or print)	6. COLOR OR RACE	12 MADDIED	Marjorie		Easter B. DATE OF BIRTH	DEATH		22	19 66 AR IF UNDER 24 HRS.
١.	emale	White	7. MARRIED WIDOWED	_	٠ <u>١</u> ١	April 12,		last birthday)	lonths Day	rs Hours Min.
108	. USUAL OCCUPA	TION (Give kind of work	donel 10b. K	IND DE BUSINESS OF	the state of the s	11. BIRTHPLACE		713.	12. CITIZ	EN OF WHAT
dui	ing most of work House	ing life, even if retire	ed) II	NDUSTRY Home		Hampshire	e County	.W.Va.	COUNT	U.S.A.
13.	. FATHER'S NAM			1101110		14. MOTHER'S MA			1	
4	John M	illeson (de	eceased)		Sarah Mon	reland			
15 (Ye		EVER IN U.S. ARMED FI		SOCIALSECURITYNO	. 17.	INFORMANT		Address		
	No	(11) Language (11)			Hor	ner Easter	N	lartinsbur	g, W.	Va.
		DEATH [Enter only or		ine for (a), (b), and ().]	. ^	+		IN.	NTERVAL BETWEEN DNSET AND DEATH
	PART I, D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	brown	uy (Icclus	wa			6 lus
	4 1	DUE	_	3	, .	ed art		1.		6.
	Conditions, If		(b) /	enera	ley	ed Uri	enon	Lerozer		8 4-62
	cause (a), s	tating the DUE	. TO J							
NO	underlying cau	<u>se last.</u> Significant conditi	(c)	ITING TO DEATH BUTN	OTRELA	TED TO THE TERMINA	L DISEASE CON	DITION GIVEN IN PA	RT 1(a)	19. WAS AUTDPSY
CERTIFICATION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	3110 10 00 111	101111111	TEO TO THE TERMINA	20100-102-0011			PERFORMED?
TIFI	20a. ACCIDENT	WAS UNDERLYING	20b. I	DESCRIBE HOW INJU	RY OCCU	RRED. (Enter nature	of injury in Pa	rt I or Part It of I	tem 18.)	
	(IF EITHER, NO	ING TO CAUSE OF DEATIFY MEDICAL EXAM!	NER)	a						
MEDICAL		INJURY Month, Day,			20e. PLA	CE OF INJURY (Home, ry, street, office bldg.	farm, 20f. (City or town)	(County)	(State)
MED	Hour a. p.	m. 19	While at work	Not While			, 0.03,			
	21. I certi	fy that (I) (this hos		ed the deceased f						that (1) (we) last
		ceased alive on	10-21-	1966,	nd that	death occurred at	Q P M, fro	m the causes ar	nd on the d	date stated above.
	22a. SIGNATU	0 1	PD			ATTENDING (1)	MED.	STAFF -		-23-6C
	22c. PHYSICIA	N'S Nect		ourse	M.D	22d. ADDRESS	DIRECTOR L	PHYS. L		-27-02
	NAME (T	ype) Nober	,-tr(-0777ad			Ha	gerstow.		rd,
238	BURIAL, CREM REMOVAL (Sp	MATION, 23b. DATE	THEREOF	23c. NAME OF CO	METERY	OR CREMATORY	23d. L0	CATION (City, tow	-7	
1	REMOVAL (Sp Burial	10-25-	1966	Rosedale	Ceme	terv	Mar	tinsburg	Berke1	ev W Va
24	316	ECTOR	w /	ADDRESS		25a. F	EC'D BY REGIS	1		
1_		ineral Home	Mar	tinsburg,	W.Va	DATE	NOV 1	1966 1	Clearl	es judge

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, per temporal, and in any event, within 72 hours after death/ D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

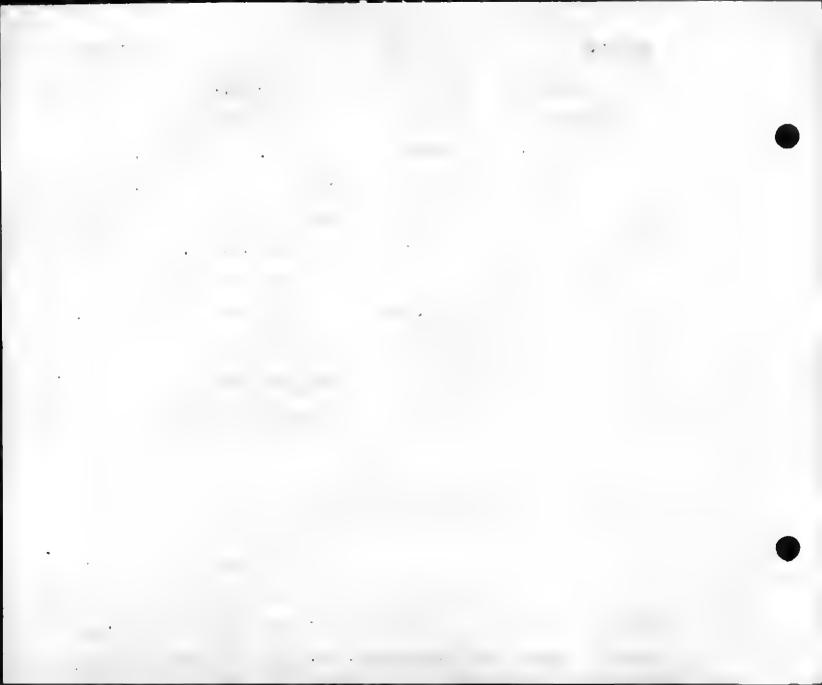


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deathl requires that the death certificate be executed within 24 haurs after death. campletely filled in by the funeral lave carban papers. Pages 1 and y event, within 72 haurs after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a. COUNTY **b.** COUNTY Washington Maryland Washington MARYLAND c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside corporate limits. CLENGTH OF STAY IN 16 write REPAL and give nearest town life Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Washington county Hospital W. Franklin St. YES NO 3 NAME OF Middle Last 4 DATE Manth Day OECEASED OF **Emma** Bertha Everhart Oct. 19 66 Type or pant) SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER J YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED AGE (In years remave birthday) Months Ooys female white June 10.1888 and in any WIDOWED DIVORCED and 10a USDAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) ease during mast al warking life, even if retired) silk mill COUNTRY? Hagerstown, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME signed by the attending physical burial transit permit. Then burial, crematian, ar remaval, Emanuel Boward Ella Springer / the attending b 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) [If yes give war ar dates af service] 215-09-7304 no Jacob Everhart Hagerstown, 18. CAUSE OF OEATH (Enter only one cause per lige far (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **OUE TO** Conditions, if any, which gave nse ta immediate cause (a). **DUE TO** attending p stating the underlying cause as the has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X this certificate the haspital or 20a. ACC DENT WAS UNDERLYING [205 OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH de o etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour a.m. factory, street, affice blda., etc.) Nat While OR ATTENDING Page 4 may be retained by the FUNERAL DIRECTOR: After at wark at work 21. I certify that (1) (this hospital) attended the deceased from should saw the deceased alive on and that death occurred at 5.35°M, fram causes and an the date stated above. 22a SIGNATURE 22b. DATE SIGNED STAFF director, page 3 shauld be filed v M.D PHYS. **OIRECTOR** PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Donald E. Martin, M.D. 418 N. Potomac St., Hagerstown, Md 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Duria: 10/6/66 Rose Hill Cemetery Hagerstown Md. 24 FUNERAL DIRECTOR ADDRESS 25g. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)

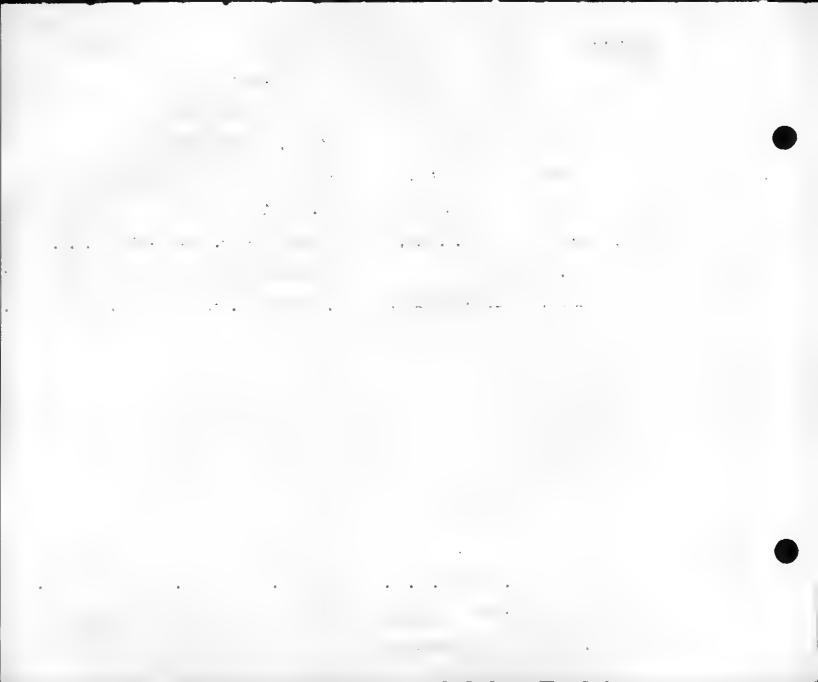
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Minnich Funeral Home Hagerstown, Md.

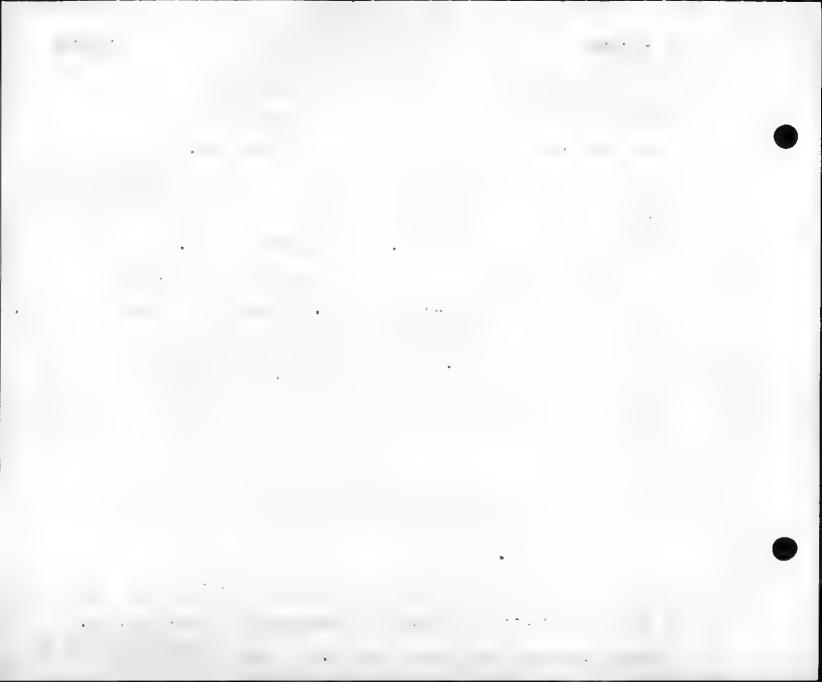
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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# E7#		14781 CERTIFICATE OF DEATH
24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours aftey death.	٧IJ	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission as COUNTY a. STATE b. COUNTY
fter the		WASHINGTON MARYLAND MARILAND WASHINGTON
by by Page		write RURAL and give nearest town)
house 1 in 15.		d. NAME OF HOSPITAL OR INSTITUTION (if not in possible) give street address) d. STREET ADDRESS
	79	WASHINGTON COUNTY HOSPITAL 100 N. POTOMAC STREET YES NOX
ertificate be executed within fiding physician and completely Then please remove carbon premoval, and in any event, within		NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
d w mple car ent,		(1796 or print) JOSEPH GRAFTON EVERLY DEATH OCTOBER 12 19 66
cute d co nove y ev		last birthday) Months Days Hours Min
exell and		MALE WHITE WIDOWED DIVORCED DEC. 11, 1880 85 yrs. OB. USUAL OCCUPATION (Give kind of work done 10b. Kind of Business or 11. Birthplace (County & State, or foreign country) 12. CITIZEN OF WHAT
be ician ase ase		uring most of working life, even if retired) INDUSTRY COUNTRY?
ate olhysi ole ol, a		RETIRED CLERK U.S. GOV. WASHINGTON CO. MARYLAND U.S.A. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
rtific ng p nen mov		JOSEPH E. EVERLY ANNA WILLIAMS
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT FUNKS ADDITION MARY LAND Yes, no, or unknown) (If yes give war or dates of service)
permit.		NO STATE STA
natice of		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. ONSET AND DEATH
The law requires that the or attending physician. cate has been signed by truse as the burial-transit ealth prior to burial, crema		PART I. DEATH WAS CAUSED BY: Carebral thrombosis 14K.
sidi,		SOXX DUE TO
a si phy		Conditions, If any, which by Arteries cleres 11 - Seneralized,
ding ding bee the		cause (a), stating the DUE TO
law tten has as pric		underlying cause last.) (c) (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
The or a ate use alth	Δ	PERFORMED?
ital frific frific frific		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
cer cer cer cer cer cer		
PHYSICIAN: the hospital this certifi detached fo e Dept. of H		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Pour a.m. While At work
NG P by t fter be d state		p.m. 19 at work at work
ATTENDING retained by CTOR. After should be vith the Stat		21. I certify that (I) (this hospital) attended the deceased from OCU 5, 1966, to OCU 12, 1966, that (I) (we) last
et a signatura		saw the deceased alive on 6 12 1966, and that death occurred at 535 M, from the causes and on the date stated above 22a. SIGNATURE 1 22b. DATE SIGNED
De r be r se 3		ATTENDING TO MED. TO STAFF TO A O A O A O A O A O A O A O A O A O
AL nay nay pag pag		22c. PHYSICIAN'S NAME (Type) A HOPETIAN M.D. PHYS. LI DIRECTOR LI PHYS. LI 10/12/1966
HOSPITAL age 4 may FUNERAL rector, pa	1	NAME O'YPE) LLOYD A. HOFFMAN, M. D. 214 N. POTOMAC ST. HAGERSTOWN, MD.
O HO Page O FU direct		33. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
1 1	2	BURIAL (Society) 10/14/1966 FUNKSTOWN CEMETERY FUNKSTOWN, MARYLAND
	w	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE CHARLES M. ROUZER HAGERSTOWN MARYLAND DOT 1 4 1966 Floring Judge
VR AI5 (4) 20M 1/65	R	CHARLES M. ROUZER HAGERSTOWN, MARYLAND DATE DC 1 14 1966 generally grades



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH ician ond completely filled in by the funeral leose remove carbon papers. Poges 1 and and in any event, within 72 hours after dyas **b** COUNTY o. COUNTY Maryland Washington Washington MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b BOOD SPORO Hagerstown 3 years d. STREET ADDRESS e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 128 Ross St. Reeders Nursing Home NO NAME OF Middle 4 DATE Month Year Lost DECEASED October 27 19 66 LOUISE FAIR MARY DEATH (Type or pant) IF UNDER 24 HRS. IF UNDER 1 YEAR DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE NEVER MARRIED 6 (ost birthdoy) Hours 9-13-06 female white WIDOWED 12 CIT ZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR COUNTRY? Shoe mfg. during most of working life, even if retired) Hagerstown, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Margaret Loudenslager Charles Frush burial, cremotion, of rem 15. WAS DECEASED EVER IN U.S. ARMED FOR CES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 214-09-5828 Mrs. Colleen Smith Hagerstown, Md. INTERVAL BETWEEN signed by the c burial-transit pe 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by the haspitol or attending physician. DUE TO vascula line Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse be detached for use as the Stote Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO O FUNERAL DIRECTUR: After this certificate loi 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work 21. I certify that (I) (this haspital) attended the deceased fram. Page 4 may be retained 19 66, and that death occurred at 11 17 _M, fram causes and an the date stated above. saw the deceased alive an 10 22b. DATE SIGNED 220 SIGNATURE -29-DIRECTOR PHYS. M.D. PHYS director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. EOCATION (City of Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b DATE THEREOF BENCY L (Specify) 10-31-66 Hagerstown, Md. Rose Hill Cemetery 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURIA ADDRESS 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1986 DATE NOV Minnich Funeral Home Hagerstown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201-MEDICAL EXAMINER'S CERTIFICATE OF DEATH I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY Page b. COUNTY West Virginia Morgan ö death Washington delay Department b CITY OR TOWN (if outside corporate imits. C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town). puo write RURAL and give nearest town) P.M.3 after Berkeley Springs 10 days Hagerstoim d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) e IS RESIDENCE d STREET ADDRESS hours State | Item 18 Give Pages Washington County YES 🗍 NO A 24 hours after death Office along with 3 NAME OF First Middle Lost 4 DATE Month DECEASED a OF Dustin C. Fearnow October 66 within Ē (Type or print) DEATH S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS lost birthday) April 18, 1881 White WIDOWFD DIVORCED Male event ond. 100 USLAL OCCLPATION (Give kind of work done 10h KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** GRY Morgan Co., West Virgini
14. MOTHER'S MAIDEN NAME pages in any Farmer USA 13. FATHER'S NAME This certificate shauld be executed within Charles W. Fearnow Mary Etta Grove gud IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates of service word "pending" the Chief Medical removal, P. D. Fearnow, Charlestown, W. Va. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial transit PART I DEATH WAS CAUSED BY: ONSET AND DEATH Ö 112504/27-IMMEDIATE CAUSE (o) e, writing the word forwarded to the Ch cremotion, **DUE TO** Conditions, if any, which gove rise to immediate cause (a) DUE TO D stating the underlying couse used as burial, c used WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO 0 4 should be 200 EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port | or Port || of item 18) should PRIMARY I or CONTRIBLTING Fell at local Convalascout CAUSE OF DEATH designated ogent, 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (Eity or town) (County) (Stote) factory, street, office bldg etc.) the funeral director. Page 4 5 may be retained for your may be retained for your FUNERAL DIRECTOR: Page × BOOMShoro 10-22-1966 WISH of work ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection | Inquiry | and in my apinian death resulted from: Natural causes Accident X Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be TO FUNERAL Health or a DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Edward W. Ditto. Address (Street, city, town, or county 23b DATE THEREOF 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL(Specify) Nov. 3, 1966 Greenway Berkeley Springs. W. Burial 24. FUNERAL DIRECTOR **ADDRESS** 2So REC D BY REGISTRAR 25b REGISTRAR VR A15ME (5) 1966 Berkelev Springs 6M 1/66



1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
= = N = 1	14780 CERTIFICATE OF DEATH 14782
24 hours after death. filled in by the funeral appers. Pages 1 and 2 n 72 hours after death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a STATE b COUNTY
after the fu	Washington Maryland Washington
's afte by the Pages irs aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
in the hour	Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS l. S. TREET ADDRESS l. S.
n 24 hours af y filled in by to papers. Page thin 72 hours a	ON A FARM?
	Washington County Hospital 1154 Kuhn Ave. YES NO 2 3. NAME OF First Middle Last 4. DATE Month Day Year
- 44	OECEASED (Type or print) Clarence Alexander Flora DEATH Oct. 4 1966
complement we can	5. SEX 6. COLOR OR RACE 7. MARRIED 70 NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
and composition of the compositi	Male White Widowed Feb. 12 1907 59 yrs. 7 21
s be e sician lease f	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11b. KIND OF BUSINESS OR 11b. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
cate be physician please ral, and ir	Laborer Air Craft Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ifica g ph len loval	
ndin rem	Melvin Flora Margaret Ridenour 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
at the death certifica ian. d by the attending ph transit permit. Then cremation, or removal	(Yes, no, or unknown) (If yes give war or dates of service) 220 09 7783 Mrs. Leslie Stenger Williamsport Md.
the tree	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
uires that the ghysician. In signed by the burial-transit burial, crema	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) contract infulficiency weeks
law requires that tattending physician, has been signed be as the burial-tranh prior to burial, cre	5271 DUE TO
s physical series of the serie	(b) Chance Pulmonary endohypena year
requir nding p been the bi or to b	cause (a), stating the DUE TO
law reattendii has be e as th h prior	
	5 con culmonale + hypertension YES NO NO
CIAN: The ospital or a certificate hed for use to Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN the hospil r this cert detached te Dept. of	
OR ATTENDING PHYSICIAN: be retained by the hospital DIRECTOR: After this certifi ge 3 should be detached fo ed with the State Dept. of H	Hour a.m. While Not While factory, street, office bldg., etc.)
DING P ed by t After Id be d e State	21. I certify that (I) (this hospital) attended the deceased from 1962, 19 to death, 1966, that (I) (we) last
L OR ATTEND y be retained DIRECTOR: y age 3 should illed with the	saw the deceased alive on 3 0 1966, and that death occurred at 430 M, from the causes and on the date stated above.
R AT e rel RECT 3 S 3 S With	22a. SIGNATURE / 1 22b. DATE SIGNED
. > - = =	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 10-4-66
ERA TO	NAME (Type)
Page Fundirect Should	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Burial (Specify) Oct. 7-66 Rose Hill Cemetery Hagerstown Maryland
1	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) . 20M 1/65	Albert L. Leaf Williamsport Md. DATE OCT 7 1966 Charles Judge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COUNTY Washington MARYLAND CRENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and in any event, within 72 hours 1 hr.40 min. Hagerstown d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Washington County Hospital YES NO NAME OF Middle 4. DATE Eirst Lost OF DECEASED FRAMM (Type or print) DEATH FUNDER I YEAR IF UNDER 24 HRS. S SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED TO fast buthday) Hours Oct. 18,1966 WIDOWED DIVORCED 12 CITIZEN OF WHAT Do USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) INDUSTRY COUNTRY ? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, Sigler, Phyllis Delores Framm, Abraham A IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. signed by the attent burial-transit permit burial, cremation, a MEDICAL RECORD INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse be detached for use as the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20g. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Not While Hour a.m. of work of work 21. I certify that (I) (this haspital) oftended the deceased fram_ and that death accurred at 8 3 Me from causes and on the date stated above. 18 Och 1966 saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE director, page 3 should be filed v M D DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) J. D. WILSON, M. D. 580 Northern Ave. Hagerstown. Md. 230 BURIAL CREMATION. 73b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 10-25-66 WASHINGTON COUNTY HOSPITAL HAGERSTOWN. WASH. Μo.

ADDRESS

25b. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

VR A15 (4) 20 M 1/66

executed within 24 hours after deoth.

requires that the deoth certificate b

physician.

attending

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Poge 4 may

has been

TO FUNERAL DIRECTOR: After this certificate

co

completely filled in by the funeral love corbon popers. Pages 1, and

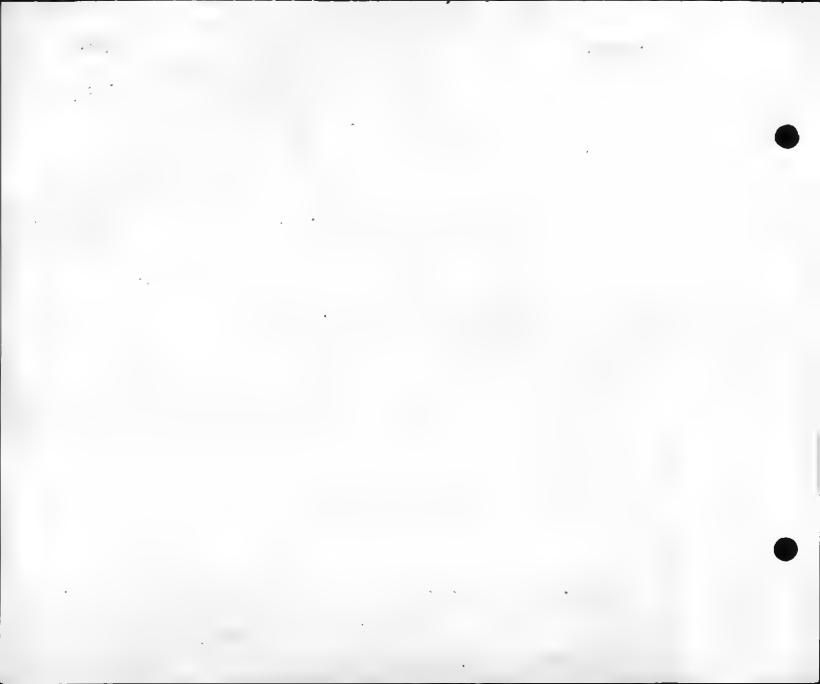
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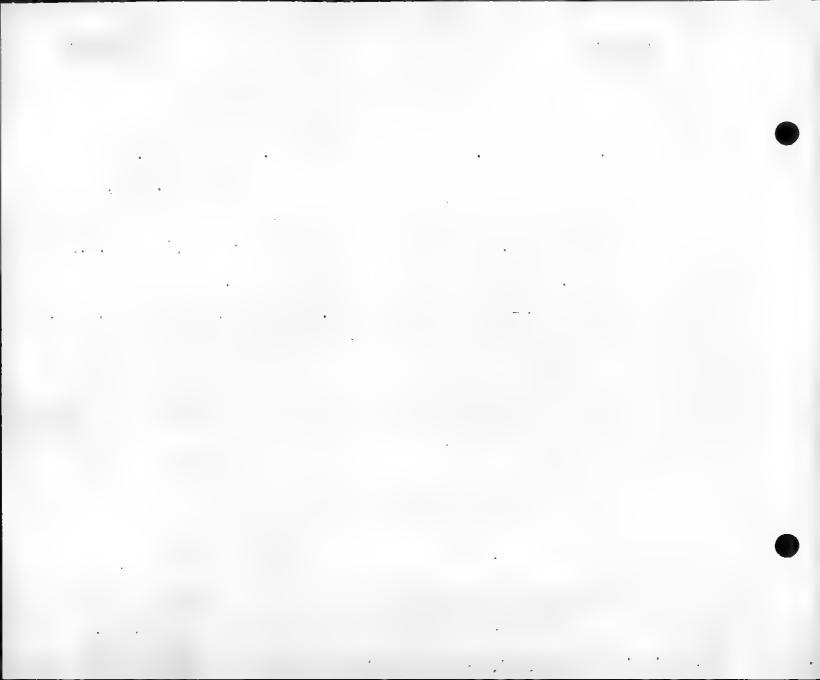
g physician (Then please

attending

and



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14782 requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH be completely filled in by the remain and completely filled in by the remainment carban papers. Pages I and the de a. COUNTY **b.** COUNTY b. CTY OR TOWN (If outside torparate limits, write RURAL and give necrest town) MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) H ST S TOWN 58 NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) 58 vrs Haverstown IS RESIDENCE ON A FARM? d STREET ADDRESS 125 E. Antiet.n. St. Antietan YES NO-3 NAME OF Middle 4. DATE Year DECEASED (Type or print) DEATH IF UNDER 1 YEAR 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) Months WIDOWED DIVORCED March 8.1880 Mall e 12 CITIZEN OF WHAT 10g USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State ar fareign country) duging most of working life, even 'f retired) CQUNTRY? NDUSTRY ...irchild Corp Hagerstown," Lacoinist retired 13. FATHER'S NAME ar removal, Enna J. Beck 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war ar dates af service no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUF TO stating the underlying couse has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) TO FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS JINDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg, etc.) at work 21. I certify that (I) (this haspital) attended the deceased from_ . 19____, to___ , 19___, that (I) (we) last _19 66, and that death accurred at ______M, from couses and an the date stated above. saw the deceased alive on____ 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) A.M. Mandell L19 E. Antietam St. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, (REMATION REMOVAL (Specify) Ceretery HE SET STORE TO THE REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 [4]

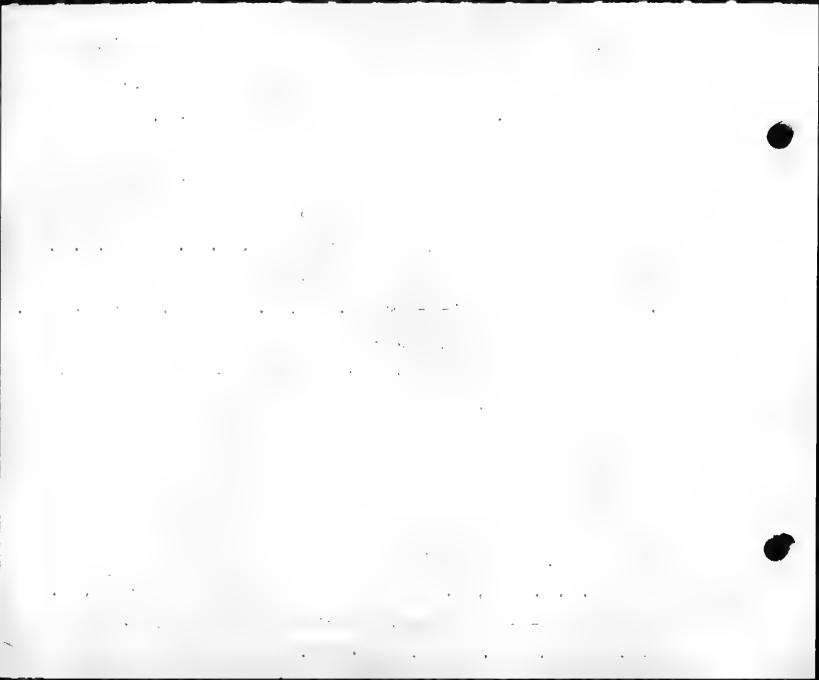


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY STATE b. COUNTY Maryland Washington Washington MARYLAND Department after death. funeral may be b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Rural Keedysville Rfd. 1 Rural Keedysville Rfd. Life e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS DN A FARM? State hours YES X ND Trego Trego delay and 3 3. Pas EXAMINER: This certificate should be executed within 24 hours after death. If any delence certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and should be forwarded to the Chief Medical Examiner's Office along with form PM3. NAME OF Middle DATE Month Day Year First Last 4. DECEASED the 72 | (Type or print) William Milton Gloss DEATH October 15, 19 66 2 with within 6. COLOR OR RACE | 7. MARRIED X | NEVER MARRIED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. 5. SEX DATE OF BIRTH last birthday) Months Oays 22 Hours 50 May 23, 1916 Male White WIDOWED DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (State or foreign country) COUNTRY? INDUSTRY Farmer Farming Trego. Wash. Co. Md. II. pages 1 in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Fannie Gloss File 1 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. permit. F Mrs. Goldie L. Gloss, Rfd. 1 Keedysville, Md. No. 217-12-2102 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. OEATH WAS CAUSED BY: burlal-transit IMMEDIATE CAUSE (a) _ Coronary Occlusion Instant DUE TO Conditions, if any, which Arterioscleratic Cardia Vascular Dicease gave rise to immediate **OUE TO** cause (a), stating used as a to burial, ((10) underlying cause last. Diabetes WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION YES ND -3 should be agent, prior DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While DIRECTOR: Page its designated at work ___ at work X. Inspection Inquiry and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy files. DIRECTOR: Natural causes |x| Accident Sulcide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ge 4 your execute r. Page 22. DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER O DEPUTY MET SIGNATURE 6 jo 10-17-66 FUNERAL I DEPUTY MEDICAL EXAMINER 🔯 **EXAMINER'S** director. retained Address (Street, city, town, or county Hagerstown, Md. NAME (Type) Dr. E. W. Ditto. 23d. LDCATION (City, town or county) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION. 23b. REMOVAL (Specify) ö 0 10-18-66 Boonsboro Cemetery Boonsboro . Md . Burial REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. FUNERAL DIRECTOR

VR ALSME (5)

1/65

John H. Bast, Jr. 112 N. Main St. Boonsboro . Md . DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased ived, if institution: Residence before admission) a COUNTY o. STATE b. COUNTY Page Washington 5 death. Penna. Franklin MARYLAND delay Department b CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) and PM3. write RURAL and give negrest tawn) ofter o Ha erstown 1 hr. Waynesboro d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d. STREET AOORESS form hours 8. Give Pages State Mashington County Hospital J'ayne hve This certificate shauld be executed within 24 hours after death along with 3 NAME OF Middle 4 DATE Month DECEASED OF Marta within (Type or print) Alveia Gonzales Ē Oct. DEATH S. SEX 6. COLOR OR RACE 7. MARRIFO NEVER MARRIEO B DATE OF BIRTH 9. AGE (In years IF LINDER LYFAR last birthday) Months Days Ex abril 28.196 Penale Nerro DIVORCED WIDOWED event 1 BIRTHPLACE (State or foreign country) 10g USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any Penna. 13 FATHER 5 NAME 14 MOTHER'S MAIDEN NAME pencil Examin .= Eile Dolores Hill ond Angel II. Conzales 15. WAS DECEASED EVER IN ILS. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address icate, writing the word "pending" in be forwarded to the Chief Medical permit. (Yes, na, or unknown) (If yes give war ar dates of service removal. ir. Angel M. Conzales 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c)) burial-transit PART I DEATH WAS CAUSED BY 5 IMMEDIATE CAUSE (a) cremation, OUE TO Conditions, if any, which gave rise ta immediate cause (a) DUE TO stating the underlying cause burial,

Not While

of work

Accident X

23c NAME OF CEMETERY OR CREMATORY

Andrew

at work

21. I certify that I took charge of the remains described above, held an Autopsy

10-29-1966

EXAMINER'S Edward W. Diffo

NAME (Type) 217 W. Washing ton

236 DATE THEREOF

Natural causes [

11/1/1966

death resulted from:

ACTUAL

23a BURIAL, CREMATION.

24. FUNERAL DIRECTOR

REMOVAL (Specify)

Burla

Waynesboro. Penna. INTERVAL BETWEEN ONSET AND DEATH PART I OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO EX 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 1B.) PRIMARY E or CONTRIBUTING L Fell or Jumped from Fathers' Moving Auto 20c TIME OF NURY Month, Oay, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (State)

factory, street, affice bldg.etc.)

50 - H2912 17 Address (Street thy Town, or county)

Five Forks

Suicide |

VR A15ME (5) 6M 1/66

9

prior 3 should

designated agent,

FUNERAL DIRECTOR: Page

5 may be r TO FUNERAL Health or i

may be retained

necessary, please execute the certificate, the funeral director. Page 4 should be for

O DEPUTY

Page 4 should

25g. REC D BY REGISTRAR 25b REG STRAR'S SIGNATURE 1986 lavnesboro. Penna.

Hamicide |

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER |

e IS RESIDENCE ON A FARM?

YES NO Y

Year

1966

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Frankling

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Induity X

Waynesboro, Franklin,

Warnesboro

23d 10CAT ON (City or Town)

Undetermined manner

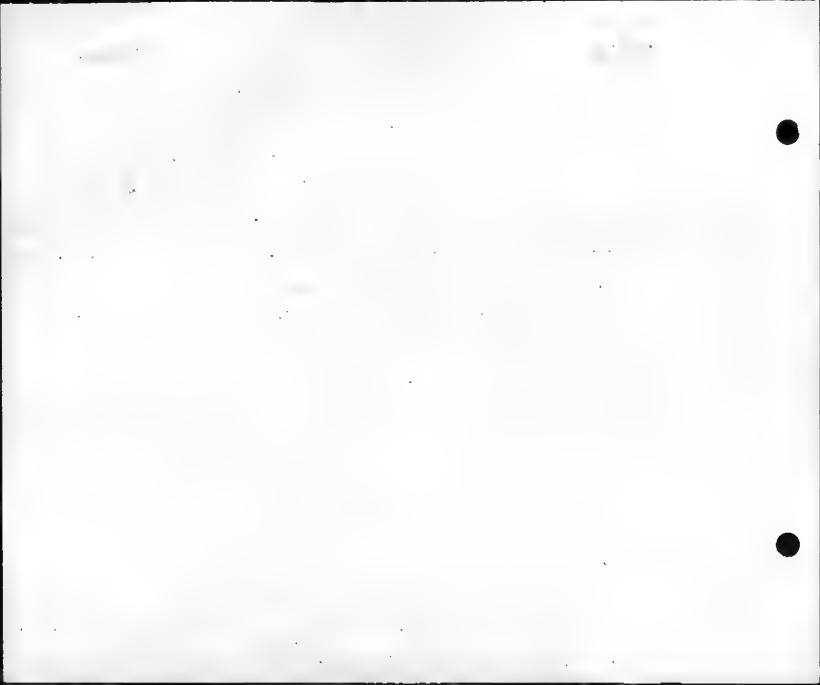
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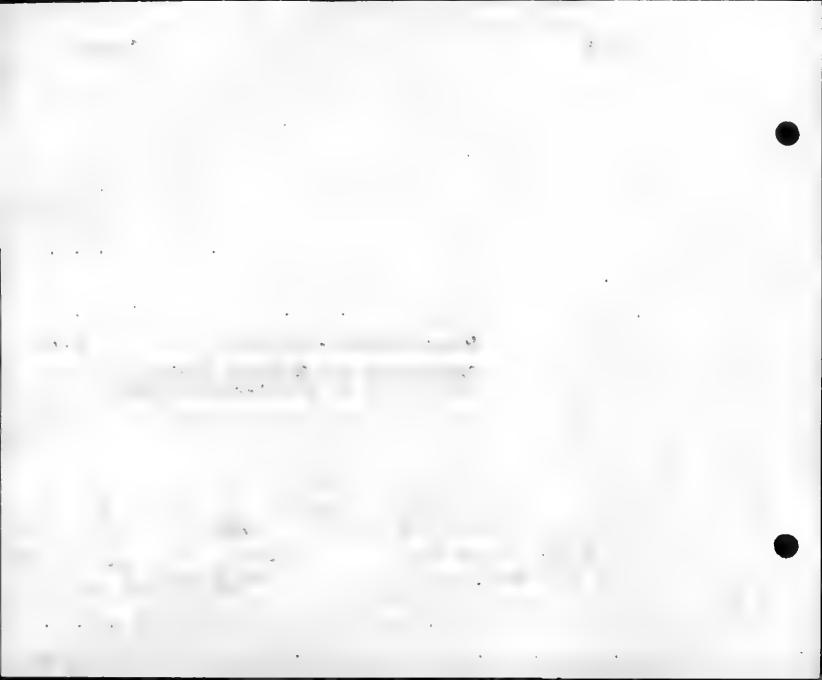
22. DATE SIGNED

(State)

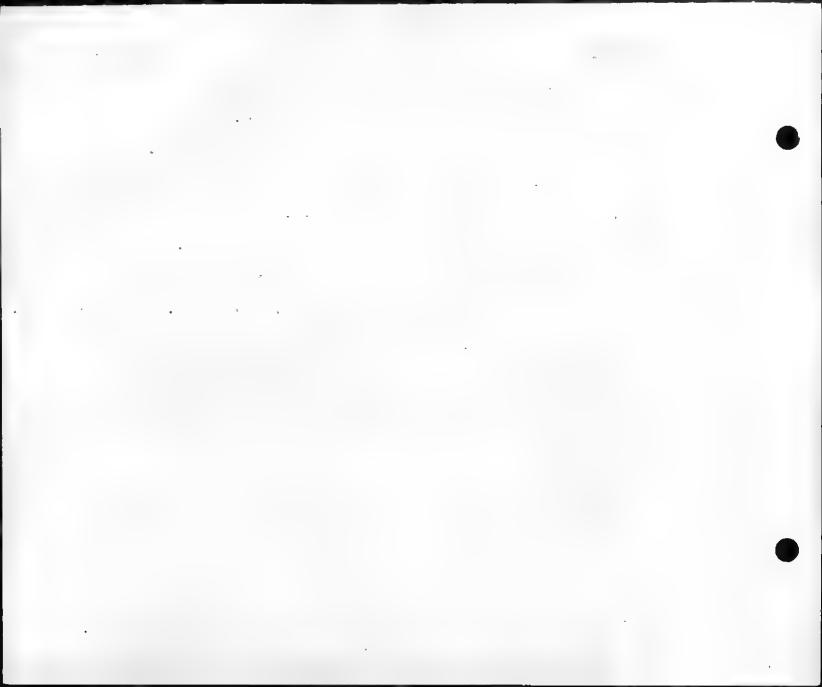


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14785 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a, COUNTY **b** COUNTY ian and completely filled in by the fur ase remave carbon papers. Pages 1 nd in any event, within 72 hours after Washington MARYLAND Maryland Washington b. CITY OR TOWN (f autside corparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Hagerstown Keedysville 1 Day d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Washington County Hospital YES NO TY 3 NAME OF Middle Last 4. DATE Month Doy Year DECEASED Daisy Janet Griffith October 17, (Type or pont) DEATH IF JNDER I YEAR IF JNDER 24 HRS. S SEX 8 DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED (qst birthdoy) Hours Days Female White WIDOWED DIVORCED July 29,1921 12 CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician a during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY Myersville, Md.

14. MOTHER'S MAIDEN NAME Own Home U. S. 13. FATHER'S NAME John W. Early Cordelia Holmes attending signed by the attending burial-transit permit. The burial, cremation, ar refin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) Mr. Leo T. Griffith Keedysville, Md. No . None 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Hemorrhage- 3 Hock IMMEDIATE CAUSE (o) DUE TO CARCINOMA OF CERVIX WITH METASTASES TO. U. BLABDER & COLON Conditions, if any, which gave nse to immediate cause (a), DUE TO stating the underlying cause by the haspital ar attending has been be detached far use as the State Dept. af Health priar to last. WAS AUTOPSY PERFORMED? PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 'O FUNERAL DIRECTOR: After this certificate 20g ACC DENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Hour a.m. factory, street, affice blda.etc.) Not While at work at wark 10-6 1966 to 21. 1 certify that (1) (this haspital) attended the deceased fram. 10 - 17, 1966, that (1) (we) last Page 4 may be retained director, page 3 should should be filed with the 1966, and that death accurred at 13 M, fram causes and an the date stated above. saw the deceased alive an_ 22b DATE SIGNED 22a. SIGNATURE M.D. 0-18-66 DIRECTOR ADDRESS PHYSICIAN S NAME (Type) AMARILLO 120 W. Main SHAPPSBURG 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Buria I 10- 20- 66 Grossnickle Cemetery Myersville Frd. Co. Md. 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE 1966 Lancer



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14796 requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if-institution: Residence before admission 1. PLACE OF DEATH Maryland Washington a. COUNTY Washington b COUNTY MARYLAND b CITY OR TOWN (If outside carporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) cian and campletely filled in by the lease remave carban papers. Pagand in any event, within 72 haurs Hare of Stownerest town) Hagerstown, M. life d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 900 Corbett St. Washington County Hospital YES NO T 3 NAME OF First Middle 4. DATE Month DECEASED (Type or pnmf) GROVE HELEN LAURA OF October DEATH 9. AGE (n years IF UNDER 1 YEAR | IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 56t birthday) Hours 1910 May 15. female white WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, exercit serired) INDUSTRY ... Myersville. Md. COUNTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Brandenburg Clarence Waters attending IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, arunknawn) (If yes give war or dates of serv ce) James R. Grove, Sr. Hagerstown, Md. 늉 none crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (\$\overline{8}\))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN **burial-transit** IMMEDIATE CAUSE (a) signed by 1351 DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse has been last 19. WAS AUTOPSY PERFORMED? DTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO by the haspital ar this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d ACCIDENT WAS INDERLYING [] CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) at wark TO FUNERAL DIRECTOR: After 21 certify that (I) (this hospital) attended the deceased from 22 be retained 1966, and that death occurred at 24. M, from couses and on the date stated above. the deceased alive an DATE SIGNED STAFF PHYS. M.D. DIRECTOR 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BURIAL CREMATION. (County) 10-14-66 Rest Haven Cemetery Hagerstown, 24. FUNERAL DIRECTOR **ADDRESS** 2Sa REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4)5 20 M 1/66 Minncih Funeral Home Hagerstown



FOR STATE HEALTH DEPT.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY WASHINGTON MARYLAND epartment ter death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) BENEVOLA 1 DAY HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3 to Page State MARYLAND BENEVOLA. 110 N. COLONIAL DRIVE 3. NAME OF DATE Month First Middla DECEASED the 72 DAVID VAUGHN DEATH (Type or print) **HART'MAN** OCTOBER 2 with within 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED Pages 1, th form last birthday) Months | Days EXAMINER: This certificate should be executed within 24 hours after death. certificate, writing the word "pending" in pencil in Item 18. Give Pages nould be forwarded to the Chief Medical Examiner's Office along with for MATE OCT. 30,1939 WIDOWED DIVORCED [event 10a, USUAL OCCUPATION (Give kind of work done | 10b, KiND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY BANK CONSUMER DEPT. MARYLAND pages 1 In any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EDWARD L. HARTMAN LAURA E. RTIEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT HAGERSTOWN MARYLAND (Yes, no, or setkown) ((If yes give war or dates of service) 214-36-0678 MRS. JOAN HARTMAN 110 N. COLONTAL DR. To lie CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis burlal-trans cremation, Conditions, If any, which (b) Coronary Atherosclerosis Moderately Severe gave rise to immediate DUE TO cause (a), stating the used as a l underlying cause last. (C). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION the certificate, writing t should be forwarded to 3 should be a agent, prior t 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) MEDICAL 20f. (City or town) 2Dc. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry FUNERAL DIRECTOR: I f Health or its design Natural causes |x|. Accident [Homicide Undetermined manner death resulted from: Suicide CHIEF MEDICAL EXAMINER execute th r. Page 4 s d for your 1 ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER & please ex director. retained f **EXAMINER'S** W. DITTO. EDWARD, 215 W. WASH. ASSIES (STHAGHIRSOFOW) COUNMARYLAND NAME (Type)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

CEMETERY

REST HAVEN

ADDRESS

HAGERSTOWN, MARYLAND

1966

WASHINGTON

e. IS RESIDENCE

YES

Day

12. CITIZEN OF WHAT

U.S.A.

COUNTRY?

ON A FARM?

Year

19 66

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED? YES TO

and in my opinion

22. DATE SIGNED

NO [

(State)

nstant

Recen

(County)

Miarles

23d. LOCATION (City, town or county)

25b.

HAGERSTOWN

REC'D BY REGISTRAR

NO X

ALSME (5)

o to

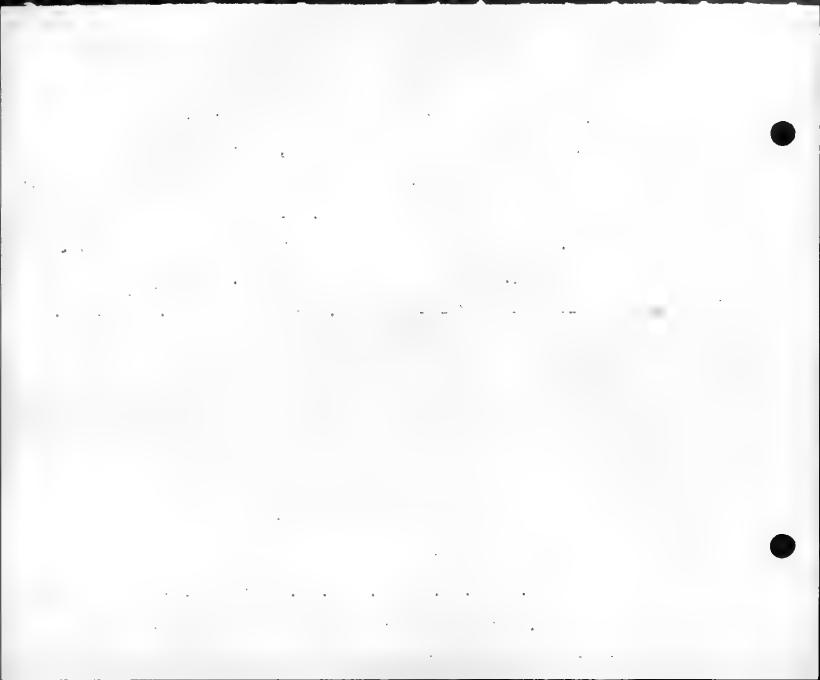
23a. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

BURIAL

REMOVAL (Specify)

M. ROUZER



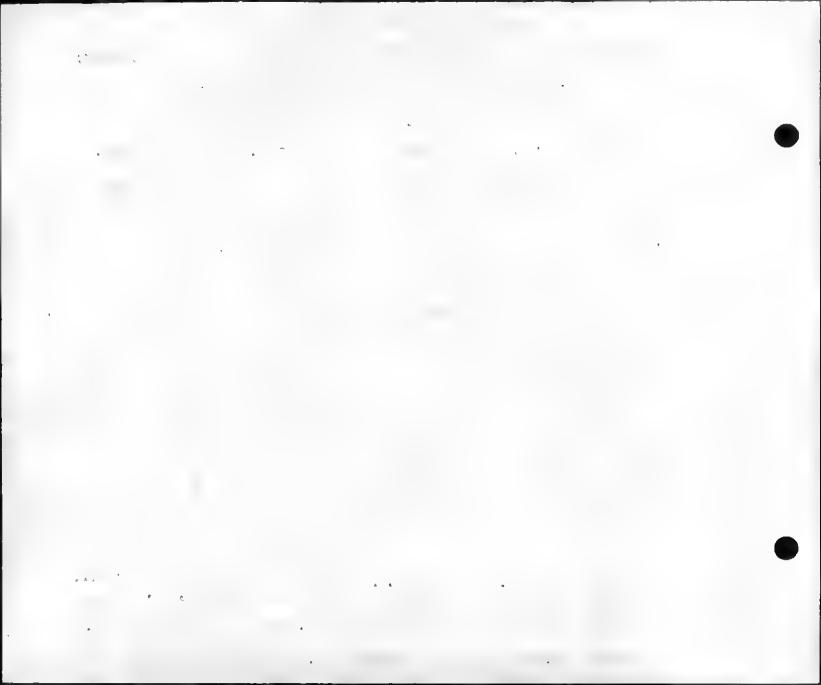
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14788 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a COUNTY b COUNTY Marvland Washington Washington MARYLAND c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corparate limits. c. LENGTH OF STAY IN 16 Hager stown 25 vears Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Washington County Hospital Clevenland Ave. NO First Middle Last Manth BESSIE 66 VIOLA HEGE October 19 DEATH IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF LINDER I YEAR 7. MARRIED **NEVER MARRIED** Last birthday) 11/15/1890 white WIDOWFD DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? Home State Line, Penna. 14. MOTHER'S MAJDEN NAME Mrytle Baker Daniel R. Eshleman 16. SOCIAL SECURITY NO. 17. INFORMANT Address Aaron Hege Hagerstown, Md. none CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Cardio rescular dis Ensz DUE TO WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour a.m. Not While factory, street, office bldg., etc.) at wark L at work 2]. I certify that (I) (this haspital) attended the deceased fram. 1-17.1962 ta 10-8 1966 saw the deceased alive an 22b. DATE SIGNED Trone Ga dry 10-10-66 22d. ADDRESS 154 West Washington St. John H. Hornbaker, M.D. NAME (Type) Hacerstown Md. 23b. DATE THEREOF 23c NAME OF CEMPTERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)

requires Mot the demth certificat be executed within 24 hours after death. rign and completely filled in by the constant of the constant 3 NAME OF DECEASED (Type or print) S SEX female 10a USUAL OCCUPATION (Give kind of work done physician of during most of working life, even if retired)
HOUSEWII e 13. FATHER'S NAME removal, attending 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) cremotion, or the signed by the burial-transit burial, cremoti by the hospital or ottending physician. Conditions, if any, which gave rise to immediate couse (a). stating the underlying cause hos been stoched for use os the Dept. of Health prior to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION O FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 20g ACCIDENT WAS UNDERLYING [2] OR CONTRIBUTING CAUSE OF DEATH etoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20x TIME OF INJURY Month, Day, Year be de Stote i 10 -8. 1966, that (1) (we) last should be retained with the and that death accurred at JZ ZOA M, from causes and an the date stated above. 22g. SIGNATURE director, page 3 should be filed v 22c. PHYSICIAN S Page 4 may 23g BURIAL CREMATION. REMOVAL (Specify) Durial 10/11/66 Cedar Lawn Mem. Park Hagerstown. 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Minnich Funeral Home Hagerstown. M.

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by the funeral Poges 1 and 2



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14789 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Washington a. COUNTY n STATE Page b. COUNTY af death. MARYLAND Department : b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY N 16 c. CTY-OR TOWN (If outside corporate limits, write RURAL and give negrest town) gud write RURAL and give negrest town) after Rural, Waynesboro D.O.A. d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS haurs sain' t.n 6 nt 10. 1+17 e State | 72 haur 24 hours ofter death. NAME OF First Middle Last 4 DATE Month ihe. DECEASED OF 'harles Heintzelman Oct. within (Type or prat) alang DEATH With S SEX 6 CO. OR OR RACE DATE OF BRTH 7 MARRIED AGE (In years NEVER MARRIED lost birthdox) " ite , ale DIVORCED WIDOWED event Ö YIS 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)
Supervisor Laintance INDUSTRY Mark Truck Jo. Quincy Pa. pages 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within pencil .⊑ Exami Clarence S. Heintzelman argie R. Wagaman File pur IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address rd "pending" in Chief Medical E remayal, (Yes_no, or unknown) [(fiyes give war, or dates of service) 23+12-12/2 and control and and IB CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) burial-transit PART I. DEATH WAS CAUSED BY ö IMMEDIATE CAUSE (0) Ctushing This certificate shauld the ward crematian, DUE TO Conditions, if any, which gave 0 rise to immediate couse (a). DUE TO stating the underlying cause e, writing th farwarded i = 2usu7 lost So burial, PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISFASE CONDITION GIVEN IN PART 1(6) 2 be 20o. EXTERNAL CAUSE WAS pridr 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18.1) shauld PRIMARY TO ONTRIBUTING CAUSE OF DEATH shauld Passenger in Auto Struck by on coming designated agent, 20c TIME OF INJURY Month, Day, Year 20a INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) Page 4 : for your While Not While of work LI no 10-25- 1966 X Hager-Stown at work 21. I certify that I took charge of the remains described opove, held on Autopsy DIRECTOR: Inspection . Inquiry (2) Notural couses death resulted from: Accident X Suicide | Homicide -Undetermined monner be retained CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral O DEPUTY may be FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may to FONER Health o NAME (Type) EDWARD W. WAS HADDS (Stride C to MD) county)

23b. DATE THEREOF

REMOVAL (Specify) Mi re winev. Franklin Co., 24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Wavnesi ro 6M 1/66

23c NAME OF CEMETERY OR CREMATORY

Franklin

Day

12 CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR

Months

B IS RES DENCE ON A FARM?

YES NO X

Year

10:10

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS ALTOPSY PERFORMED?

NO

Md

and in my opinion

22. DATE SIGNED

10-25-66

Inune

YES [

(County)

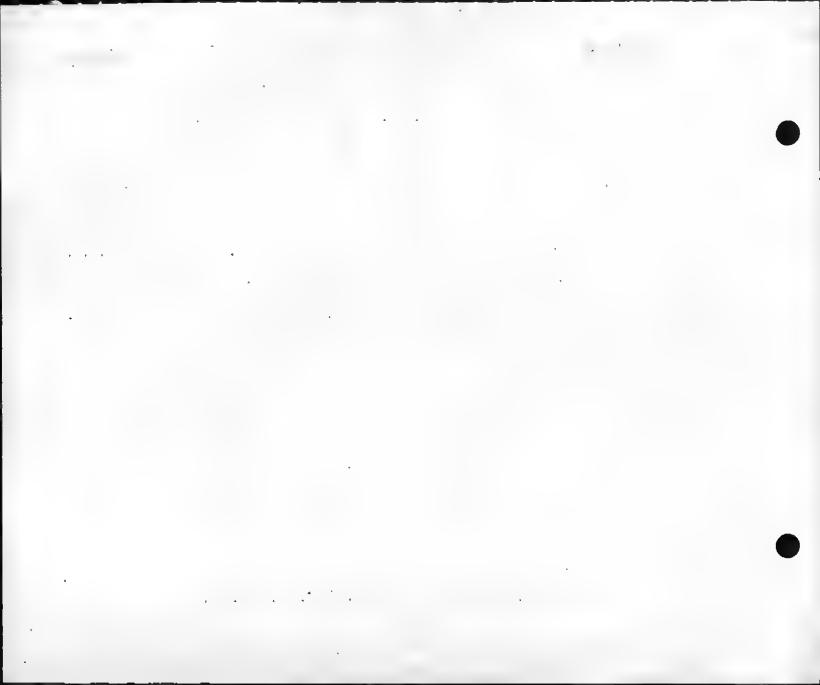
23d LOCATION (City or Town)

Wash

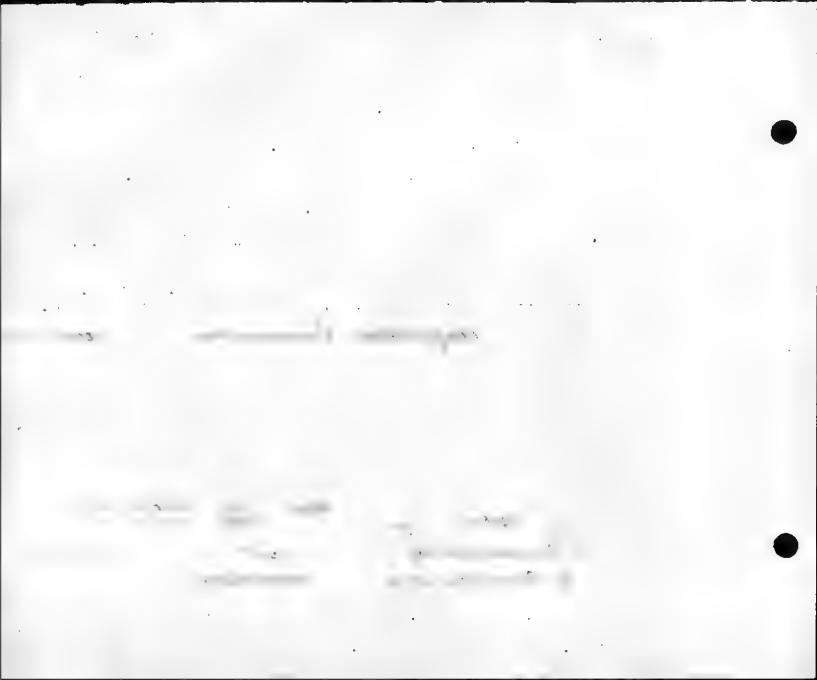
(County)

VR A15ME (5)

23o BUR.AL (REMATION



<u></u>	100	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	(IV	1/1	14790 CERTIFICATE OF DEATH 14792
	funeral and 2 r death.		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY
	fur fur		
	after the ges 1 after		b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Maryland Maryland Maryland C. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)
	Page Nurs		Hagerstown 2 hrs. Sharpsburg
	hours ed in by ers. Pa 2 hours		d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS j.e. IS RESIDENCE ON A FARM?
	rted within 24 hours after completely filled in by the 1 ve carbon papers. Pages 1 event, within 72 hours after	79	Washington County Hospital 230 W. Main Street YES NO NO
	executed within and completely fremove carbon p		3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED
	wi ple carb carb		(Type or print) Hattle May Highberger DEATH Oct. 21 19 66
	con		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months 0.93 Hours Min.
	and emc emc any		Female White WIOOWED Aug. 29 1876 90 yrs. 1 21
	ian ian din		10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND DF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	te by ysic plea		Housewife Home Sharpsburg Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MADEN NAME
	certificate be		
	其 是 是 是 是 是 是 是 是 是 是 是 是 是 是 是 是 是 是 是		Vandel Johnson Frances Brashears 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 230 L. Address P. C. C.
			(Yes, no, or unkown) [(If yes give war or dates of service)]
	dea he a per tion		NO 219 54 0443 Mrs. Evelyn Kaylor Sharpsburg Md.
	The law requires that the death or attending physician. cate has been signed by the atterns to use as the burial-transit permil eaith prior to burial, cremation, or		PART I. OFATH WAS CAUSED BY:
	hat cian ed 1 trai		IMMEDIATE CAUSE (a) CONTINUOU PRICLEM PRICLE AND CONTINUOUS PRICLE AND CONTINUOU
	es t hysi sign urial urial		Conditions, If any, which (b)
	quir ng p sen e bi		gave rise to immediate cause (a), stating the OUE TO
	s be startion		underlying cause last. (c)
	PHYSICIAN: The law requires that the hospital or attending physician this certificate has been signed to detached for use as the burial-trare Dept. of Health prior to burial, cri	ا	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	ician: The la nospital or att certificate ha ched for use a		PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTION CONTRIBU
	pita pita srtif d fo		20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	PHYSICIAN: the hospital this certification detached for		_
			Hour a.m. While Not While factory, street, office bldg., etc.)
	ING Sta		
	L OR ATTENDING by be retained OIRECTOR: A age 3 should like with the siled with t		21. I certify that (i) (this hospital) attended the deceased from
	reta reta ECTO 3 sh		22a. SIGNATURE 22b. DATE SIGNED
	AL OR hay be AL OIRE page Stilled v		M.O. PHYS. DIRECTOR PHYS. 10-23-66
	TAL may AL Pa		22d. ADDRESS
	Page 4 may FUNERAL of director, pag	1	1 K. GMaring W. D Sharpsburg
	TO HOSPITAL Page 4 may TO FUNERAL director, pa		233. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	7 2	3	Burial Oct. 23-66 Mt. View Cemetery Sharpsburg Maryland
		E	DOT ST ADCC Morals Outs
	VR A15 (4) 2DM 1/65	12	Albert L. Leaf Williamsport Md. DATE OCT 25 1866 Journes Judge



TE NOTIFIE OR ATTEMBLE FIVE CAN: The law requires that the death certificate lie exacuted within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

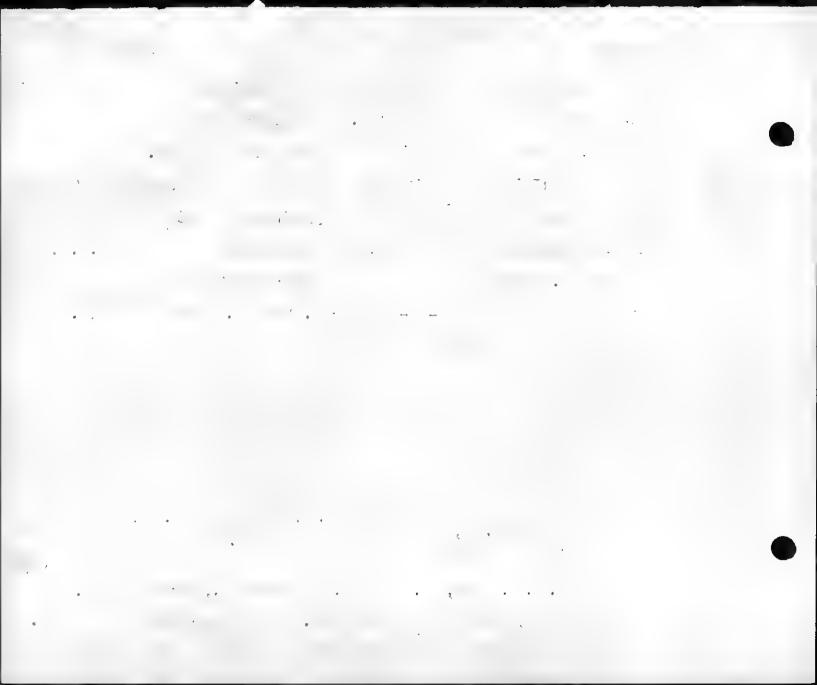
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	12791			CERTIFIC	ATE OF DEAT	ΓH	1479	13	
1.	PLACE OF DEATH	1				ENCE (Where deceased I		: Residence l	before admission)
		ASHING	TON	MARYLAI	a. STATE	ARYLAND	b. COUNTY	VASHI	NGTON
	b. CITY OR TOWN	N (if outside co and give neare:	rporate limits.	c. LENGTH OF STAY IN	11b C. CITY OR TOWN	(If outside corporate	limits, write RUR	AL and give	nearest town)
	HAGERS	TOWN	·	43 YRS	HAG	ERSTOWN		~	21./
	d. NAME OF HDS	PITAL DR INSTI	TUTION (if not li	n hospital, give street addr	ess) d. STREET ADDRE	SS		θ.	IS RESIDENCE ON A FARM?
	WASHIN	GTON C	OUNTY F	HOSPITAL	1600 0	AK HILL A	VE	YE	S ND
3.	NAME DF DECEASED		First	Middle	Last	4. DATE DF	Month	Day	Year _
5	(Type or print)	6. CDLOR OR F	CHARD	DANTE		DEATH	CTORER (In years IF UND	27 ED 1 VEX DILL	19 66
J.	JEA .	O. GULUK UK I	71 11111111	ED NEVER MARRIED		last	birthday) Months	s Days	Hours Min.
10:	MATE.	ION (Give sind of	Work done 10b	ED DIVORCED DIVORCED DIVORCED	J: 4/4/14	(County & State, or fore	yrs.	CITIZEN OI	F WHAT
dur	Ing most of worki	ing life, even lf	retired)	INDUSTRY			agar course 37	COUNTRY?	
13.	PRITTER D	D SALE	SMAN	AUTO DEALER	MARY	TAND AIDEN NAME		U.S.	A+
	T) 4 37 777	T 73 77	Time		3/737317	n protest	37Y		
15	. WAS DECEASED E	VER IN U.S. ARM	TED FURUES?	16. SOCIAL SECURITY NO.	17. INFORMANT	E_BECKWII	HAGERS	IMAGMI	
("	es, no, or unkown)	(If yes give war of	gates of service)	214-00-416	_ MRS. MAR	Y.D. HMVB		TOMI	
		EATH [Enter or	nly one cause pe	er line for (a), (b), and (c).]	— PIRO + PIRO	T		INTER	VAL BETWEEN
	PART I. DE	ATH WAS CAUSE	ED BY: Ca	rcinoma Of Th	e Lung		Se		months
	163X	,	DUE TO						
	Conditions, If		(b)						
	gave rise to cause (a), st		DUE TO						
z	underlying cause		(c)					140	VAD AUTODOV
ATIO	PARTII, UTHERS	IGNIFICANT CON	IDITIONS CONTR	IBUTING TO DEATH BUT NOT	RELATED TO THE TERMINA	AL DISEASE CONDITION	I GIVEN IN PART 1(F	WAS AUTOPSY PERFORMED?
FIC	2Da, ACCIDENT	WAS TINDEDI VII	NG 🗀 20b.	. DESCRIBE HOW INJURY	OCCUPED /Enter nature	of Injury in Part I o	Dart II of Hom	YES	□ NO 35
CERTIFICATION	DR CONTRIBUTION (IF EITHER, NOT	NG CAUSE DE	DEATH XAMINER)	. DESCRIBE HOW INJORT	OOCORRED. (Enter nature	on mjury in ratt i or	ratt ii of item	10.,	
MEDICAL	20c. TIME OF I				PLACE OF INJURY (Home factory, street, office bldg		r town) (C	County)	(State)
MEC	p.n	n		ork at work					
				nded the deceased from	Oct. 4,	1956_, to_Oc	t. 27, 19.	_65, that	t (I) (we) last
	saw the dec	ceased alive or	n Oct. 2	6 19.66 and	that death occurred a	17:55M, from the		the date	
	ZZa. SIGNATON	12	2/2/2		ATTENDING (XI	MED ST	AFF		00
	22c. PHYSICIA		11 4/1	-	M.D. PHYS.	DIRECTOR PH	IYS. Lil Oct	tober	1969
	NAME (Ty	Dr. E	. W. Dit	to. Jr. 21	5 W. Washing	ton St., Ha	gerstown.	_153	
238	BURIAL, CRÉM	ATION, 23b. D			TERY OR CREMATORY	23d. LOCATID	N (City, town or	county)	(State)
	REBUR IA	L 10	0/29/66	ROSE HII			RSTOWN		MD.
24	ENAMEDAL DIDE		/ /	ADORESS	1 252	DEC'D BY DECISTOAD		ADIC CICNAT	THRE

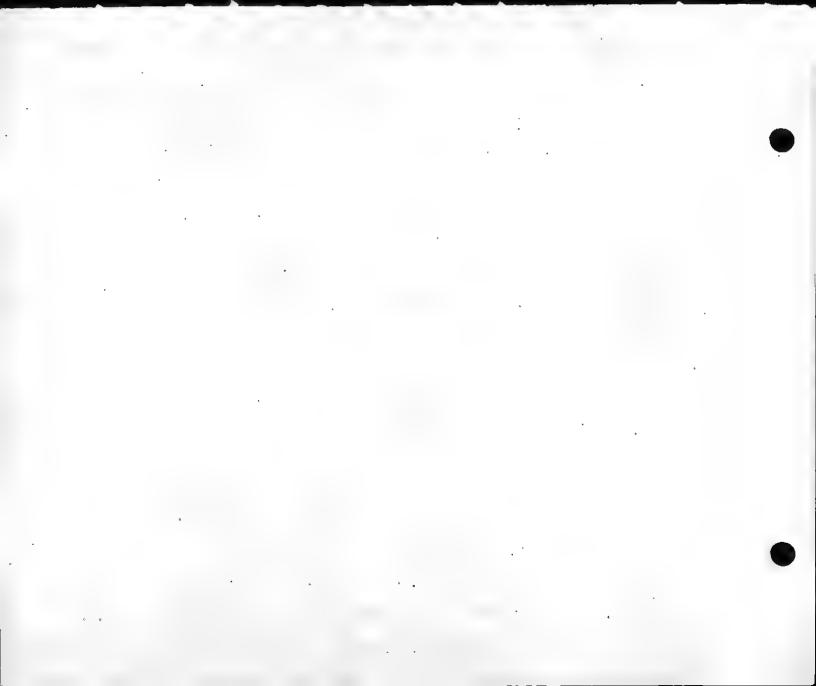
1966

VR A15 (4) 20M 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and event, within 72 hours after death.



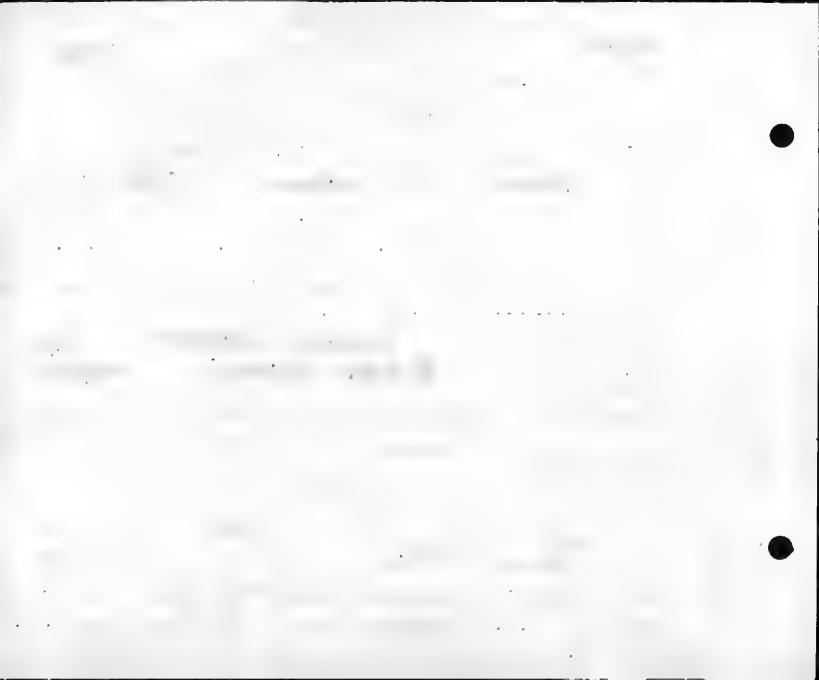
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH the funeral res (1 am 2 after death. 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) DO-CK Pages 1 astung MARYLAND b. CITY OR TOWN (if outside corporate limits, write, RURAL and give heares) town) c. CITY OR TOWN HI outside corporate fimits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b filled in by t papers. Page in 72 hours a A. NAME OF HOSPITAL INSTITUTION (if not in hospital give street address STREET IS RESIDENC ADDRESS ON A FARM? any event, within YES | NO IZ executed within completely carbon NAME OF Middle DATE Month Day Last DECEASED (Type or print) DEATH 19 DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS and in any eve 6. COLOR OR RACE 7. MARRIED 9, NEVER MARRIED last birthday) | Months | Hours Days guq WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) during most of working/life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT THPLACE (County & State, or foreign country) physician INDUSTRY COUNTRY? HOSPITAL ound certificate PATHER SNAME tending phys it. Then ple or removal, a MOTHER'S MAIDEN NAME RUTH15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If hes give war or dates of service) 16. SOCIAL SECURITYNO. | 17. INFORMANT Address the atter it permit. 5 been signed by the ath the burial-transit permi or to burial, cremation, o 7-20-2286 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10m,4 tending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate as the b DUE TO cause (a), stating the underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY for use Health PERFORMED certificate hospital or a 29 tra entruit (Lemour) 20a, ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) After this certifi I be detached fo State Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20g. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de diled with the State Hour a.m. While Not While at work at work p.m. retained 21. I certify that (1)(this hospital) attended the deceased from. and that death occurred at 3 M. from the causes and on the date stated above. 1966 saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. page ATTENDING MED. STAFF PHYS. -22-60 M.D. -DIRECTOR PHYS. may MOSFITAL O FUNERAL PHYSTCIAN'S 22d. ADDRESS 22c. director, p should be f NAME (Type) Page 4 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) ENTONBMENT 10/25 1966 WASHINGTON D.C. LINCOLN CEMETERY REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. lianles CHARLES M. ROUZER HAGERSTOWN. MARYLAND VR #15 (4) 20M 1/65

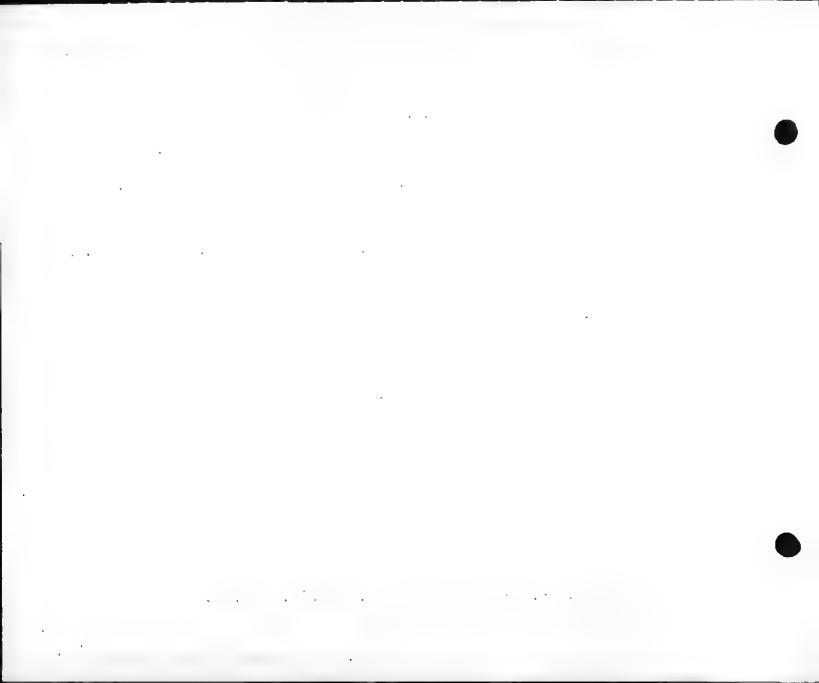


	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	14795 CERTIFICATE OF DEATH
1	1. PLACE OF DEATH a. COUNTY Washington Washington Washington Washington Washington Washington Washington
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown 4 days Rural Williamsport RFD #1
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIGEN ON A FARM
	Washington County Hospital Williamsport RFD #1 YES NO D
60)	3. NAME OF First Middle Last 4. DATE Month Oay Year DECEASED (Type or print) Velvet Renee Hoffman DEATH Oct. 25 1966
Ę	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IFUNOER 1 YEAR IFUNDER 24 HI
	Female White WIOOWEO DIVORCEO Oct. 21 1966 yrs. Hours Min
1	LOa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR II. BIRTHPLACE (County & State, or fereign country) 11c. CITIZEN OF WHAT COUNTRY? What Hagers town Md. 11c. BIRTHPLACE (County & State, or fereign country) 11c. CITIZEN OF WHAT COUNTRY? U.S. A
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Donald Wayne Hoffman Carolyn Taylor
1	AF UMS PERSONNELL AND A SHIPP CONTROL AS ADDITIONAL AND ADDITIONAL ADDITIONAL ADDITIONAL ADDITIONAL AND ADDITIONAL ADDITIONAL AND ADDITIONAL
	(Yes, no., or unknown) (Hyses pieware dates of service) NO Testing and the service Mo. Mrs. Carolyn Hoffman RFD #1
_	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEE ONSET AND OEATH
ı	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Theory Lesease 4000
	'2 7.5 DUE TO
ı	Conditions, If any, which gave rise to immediate (b)
ı	cause (a), stating the OUE TO
Į	underlying cause last.) (c)
E	PERFORMEO? YES D NO [
PENTIE	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO 20a. ACCOUNT WAS UNDERLYING 1 OR COPY (RIBUTING C) CAUSE OF DEATH (IF ENGINE, NOTIFY MEDICAL EXAMINER)
ATE	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work
Ī	21. I certify that (I) (this hospital) attended the deceased from 10/23/, 19/26, to 10/25/, 19/26, that (I) (we) to
	saw the deceased alive on 10/25 19/26, and that death occurred at 5:20PM, from the causes and on the date stated above
ı	22a. SIGNATURE 22b. OATE SIGNED M.D. PHYS. DIRECTOR PHYS. DIVIDENCE PHYS. DI
ı	M.D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 122d, AOORESS
	NAME (Type)
12	A. M. B. B. CON Jr. Hagerstown, Maryland. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial Oct. 29-66 Manor Cemetery Near Tilghmanton Md.
-	24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Albert L. Leaf Williamsport Md. OATE OCT 3 1 1966 fclorles Judge
4	2226



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. STATE b. COUNTY o COUNTY MARYLAND WASHINGTON WASHINGTON MARYLAND Impletely filled in by the further to the carban papers. Pages 1 event, within 72 haurs after c. CITY OR TOWN (If outside corporate inmits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate limits, HAGERSTOWN 11 DAYS d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) WESTERN MARYLAND HOSPITAL 231 S. LOCUST STREET Middle DATE 3 NAME OF OF DEATH DECEASED (Type or print) FUNDER I YEAR 9 AGE (In years NEVER MARRIED Months Hours last buthagy) MALE WHITE MAY 6. 1900 WIDOWED DIVORCED 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR WASHINGTON CO. MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME cremation, or removal, EFFIE M. POFFENBERGER CHARLES B. HOFFMAN HAGERSTOWNS MARYLAND 16. SOCIAL SECURITY NO 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war or dates of service) MRS. MARY HOFFMAN 231 S. LOCUST ST. 214-09-4112 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (d) DUE TO Sclerosis Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, office bldg., etc.) at wark 21. I certify that (1) (this haspital) attended the deceased fram __, and that death accurred at 10:30 PM, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22a. SIGNATURE M.D. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) EDWIN G. RILEY M.D. WESTERN MARYLAND HOSPITAL HAG. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF 230 BURIAL, CREMATION. HAGERSTOWN. WASHINGTON. ROSE HILL CEMETERY 25o, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 CHARLES M. ROUZER HAGERSTOWN, MARYLAND





							PARTMENT OF		DALTIMAD)	E 4 . 115. D	WI AND
š.		14796	UF STATES	STICAL RES			, 301 W. PRESTO E OF DEAT !		BALTIMUKI	1479	S
death.	1.	PLACE OF DEATH a. COUNTY	ASUTMORO	â/T			2. USUAL RESIDEN a. STATE	CE (Where decease RYLAND	d lived, If institute b. COUNTY	1	
and a more		b. CITY OR TOWN	ASHINGTO	porate (imits.	c. LENGTH OF ST	RYLAND AY IN 1b	c. CITY OR TOWN (II		te limits, write	RURAL and	HINGTON give nearest town)
		HAGERS	and give nearest STOWN	t town)	1 DAY			STOWN			-11/
19					hospital, give street	address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
ŝ			ASHINGTO		HOSPITAL			NSYLVANI			YES NO X
	3.	NAME OF DECEASEO		First	Middle		Last	4. DATE OF	Month		ay Year
	_	(Type or print)		ERBERT	AMORY		JAMES DATE OF BIRTH	DEATH	OCTOBER		
	l .	IALE	6. COLOR OR RA	7. MARRIE			MAY 25.1899	3. fa	st birthday) Mo	onths Days	
	10a	USUAL OCCUPATION	ON (Give kind of v	vorkdone 10b.	KIND OF BUSINESS		11. BIRTHPLACE (C			12. CITIZEI	N OF WHAT
		SERVICE M	ANAGER	PF	INDUSTRY LIVATE UTIL	ITY	MASSA	CHUSETTS		COUNT	U.S.A.
	13.	FATHER'S NAME					14. MOTHER'S MAII	DEN NAME			
	_		EDWARD A				EMMA				
	15 (Ye	WAS DECEASED EV s, no, or unkown) (VER IN U.S. ARME (If yes give war or da	ates of service)	6. SOCIAL SECURITY		INFORMANT		RST Bules		
		NO	*****	2	214-10-5107	MR	S. LAVINIA	JAMES 10	40 PENNS	YLBAN.	LA AVE.
					r line for (a), (b), and	(c).1				IN	TERVAL BETWEEN
	Ш	PART I. DEA	TH WAS CAUSEI IMMEDIATE CA	USE (a)	Acute	myoca	<u>rdial infar</u>	ction			
		Conditions, If a		DUE TO	Coror	ary a	rtery insuf	ficiency	-		
		gave rise to I cause (a), sta	Immediate ((b) DUE TO	Gener	alize	d arterios	clerosis	-		
	_	underlying cause	iting are {	(c)							
5	CERTIFICATION	PART II, OTHER SI	GNIFICANT CONI	DITIONS CONTRI	BUTING TO DEATH BUT	TNOT RELA	TED TO THE TERMINAL	DISEASE CONDIT	ON GIVEN IN PA		9. WAS AUTOPSY PERFORMED? YES NO
	ΞĪ	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTI	VAS UNDERLYIN	G 20b.	DESCRIBE HOW INJ	URY OCCU	RRED. (Enter nature o	f injury in Part i	or Part II of I	tem 18.)	
	l . I	(IF EITHER, NOT	IFY MEDICAL EX	AMINER)	none						
	MEDICAL	20c. TIME OF IN Hour a.m.		1		20e. PLA	CE OF INJURY (Home, f ry, street, office bldg., e	arm, 20f. (City	or town)	(County)	(State)
	MED	p.m		19 at w	le Not While at work				•	-	-
		21. I certify	that (I) (this		ided the deceased			9_67, to_0			that (I) (we) last
			eased alive on	Au	g <u>19.66</u> ,	and that	death occurred at_	AM M, from	the causes an	d on the da	ate stated above.
		22a. SIGNATURI	100	1.10	1 mo		ATTENDING X	MED.	STAFF PHYS.	10/31/	/1966
		22c, PHYSICIAN	i's	in ?	10/11/	M.D	, PHYS. (A.)	DIRECTOR	PHYS.	10/)1/	1900
/		NAME (Typ	H. R.	. TRITCH	JR. M. D.		0.00	OTOMAC S	T. HAGER	LSTOWN	MD.
	238	BURIAL, CREMA	TION, 235. D/	ATE THEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d. LOCAT	ION (City, town	or county)	(State)
		BURTAL	1 11/	1/1966		AVEN	CEMETERY	HAGER	STOWN, N	MARYLAN	ND
	24	FUNERAL DIREC			ADDRESS		25a. RE	C'D BY REGISTRA	0.00	ISTRAR'S SIG	Λ
-		CHARLES N	1. ROUZE	R HAGER	STOWN, MAR	YLAND	DATE	<u>0V 3 1</u>	9 6 6 /C	liance	Judge
								_	· ·		E



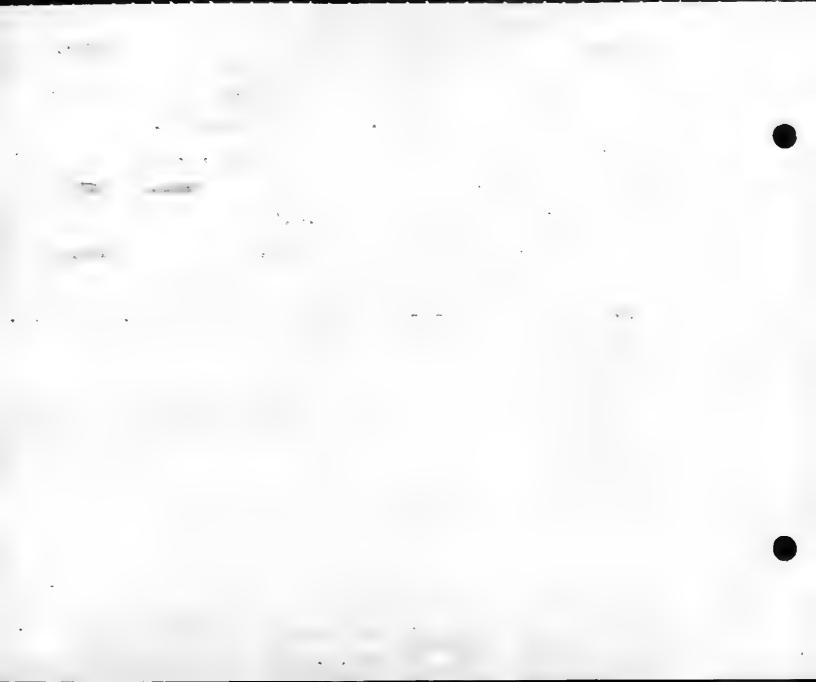
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral 1 and 2 ter decit 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Washington o. COUNTY Washington nd campletely filled in by the fun emave carban papers. Pages 1 any event, within 72 haurs after MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1h write RURAL and give nearest town)
Hagerstown 4 Years Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS Washington County Hospital 143 West Franklin St. YES NO. Middle 3 NAME OF ⊾05t 4 DATE Month Doy y_{ear} remave carban OF DEATH DECEASED Daniel. Kendall 1966 Webester Oct. (Type or pnnt) 1F UNDER 1 YEAR | IF JINDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years east birthdoy) Dovs Hours white April 6 1916 male IX. DIVORCED WIDOWED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o USUAL OCC. PATION (Give kind of work done COUNTRY? INDUSTRY physician (during most al working ale eyen if retired) Pondsville 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remavq Kendall Amanda S Kline Jesse IS. WAS DECEASED EVER IN U.S. ARMED FORCE S? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, orunknown) (If yes give wor or dotes of service) 188-09-5416 Mrs. EvaMay Smith Chewsville CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove nse to immediate couse (a), DUE TO stoting the underlying couse priar ta as the has been WAS ALTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO O FUNERAL DIRECTOR: After this certificate 둳 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS JNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20s TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 2]. I certify that (I) (this hospital) attended the deceased from 8/17, 1966, 10 10/3, 1966, that (1) (we) last directar, page 3 shauld shauld be filed with the 10/2 1966, and that death accurred at 12.4500 M, fram causes and on the date stated above. saw the deceased alive an-22b. DATE SIGNED 22n. SIGNATURE M.D DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Smithsburg Cemetery S mithsburg 966 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Minnich Funeral Home Smithsburg



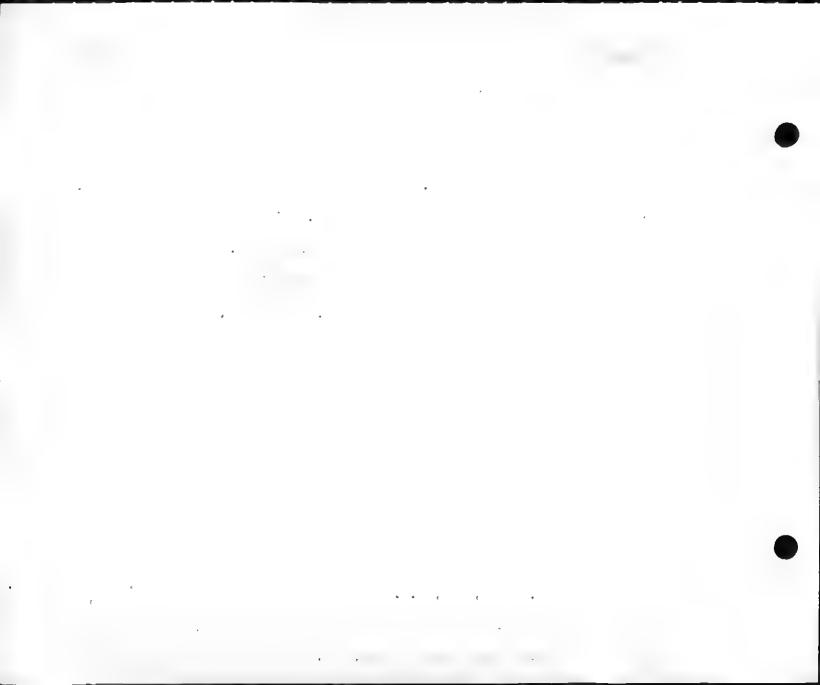
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14798 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) campletely filled in by the funeral nave carban papers. Pages I and ny event, within 72 haurs after eleat I. PLACE OF DEATH o. COUNTY Washington Maruland. Washington MARYLAND b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Smithsburg (Rural) Haaerstown 50 urs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE d. STREET ADDRESS ON A FARM? Washington County Hospital YES | NO X 3. NAME OF Middle Lost 4. DATE Year DECEASED OF DEATH Sarah Loretta Kline October 19 66 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED last birthdoy) Months Dovs Female White Oct 12,1903 WIDOWED DIVORCED physician and 12 CIT ZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY INDUSTRY please Wolfsville. Fred. Co. Md. Own Home 13 FATHER'S NAME the attending physical than p burial, crematian, ar removal James E. Kline Ada S. Kline IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, grunknown) (If yes give wor or dotes of service) 214-48-4180 Mr. Albert B. Kline 2 Smithsburg Md. INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I DEATH WAS CAUSED BY-S CAUSED BY. Adenocarcinoma of the signoid colon with 8 months metastasis DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse as the prior tal TO FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO X by the haspital ar PHYSICIAN: 卓 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form (City or town) (Stote) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While of work of work 1955 , ta 10-22, 19 66 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 2-5 shauld be retained 19 66, and that death accurred at 2 P.M. fram causes and an the date stated above. 10-22 saw the deceased alive an 22b. DATE SIGNED 22o SIGNATURE STAFF PHYS. 10-24-66 director, page 3 should be filed w M D PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) Smithsburg, Maryland 21783 Charles F. Hess, M.D. 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 10/26/66 Hagerstown, Washington. Rest Haven Cemetery 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR DATE OCT Hagerstown. Md.



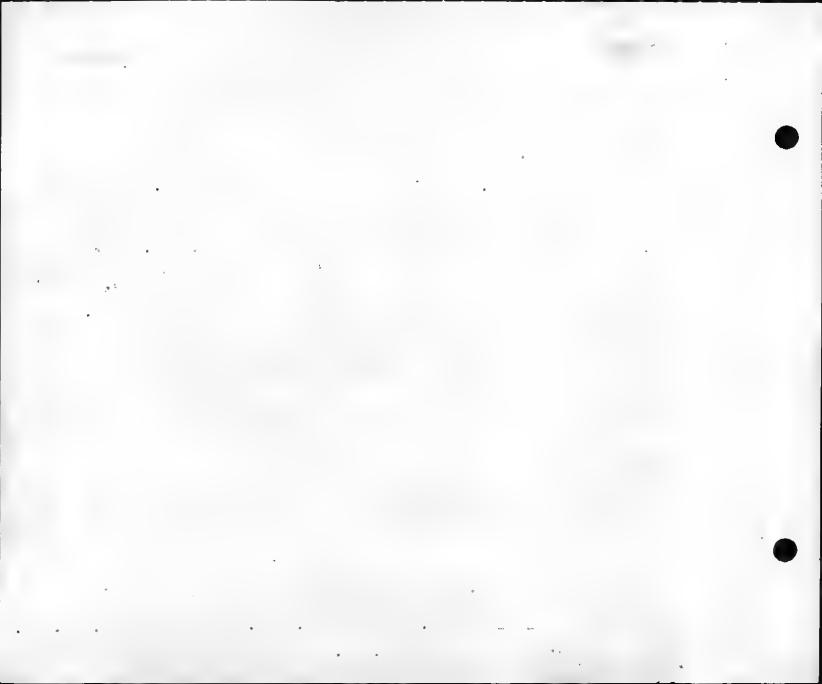
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14799 CERTIFICATE OF DEATH C/J PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. campletely filled in by the funeral nave carban papers. Pages 1 and 2 overent, within 72 haurs after dealth PLACE OF DEATH 2 IISHAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o COUNTY b. COHNTY Washington MARYLAND Washington b CITY OR TOWN (15 outside corporate limits. CLENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate imits, write RURAL and give nearest town) write RURAL and give nearest town 327 Elizabeth St. 57 UKS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Washington County Hospital Hagerstown. Md. YES NO 136 3. NAME OF Middle 4. DATE Month remove carban DECEASED OF Benedetto Lacchini 19 66 Type or print) S SEX 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. AGE last birthdov) Months Dovs White Peb. 16. 1891 Male WIDOWED DIVORCED 10c USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? dur ng mostaf work on the even if retired an Peruggia, Italy 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown the attending parties that WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) [(If yes give wor or dates of service) Grank Campbell 900 Concord St. Hagerstown, Md. 214-09-6558 1/0 crematian. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY MERCHANTALIA Pot LAT IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove TOSrise to immediate couse (a). DUE TO stating the underlying couse the haspital ar attending as the ro FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? for use CERTIFICATION Health YES [NO-F 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) 20d INJURY OCCURRED (County) (Stote) TIME OF INJURY Month, Day, Year Hour om foctory, street, office bldg., etc.) Not While ot work ot work Page 4 may be retained by . 1966, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 10 Jan 3 , 19600, to 1. COCT 19 (See, and that death occurred of 47 M. fram causes and on the date stated obove sow the deceased alive on Ocr. 22o. SIGNATURE 22b DATE SIGNED ATTENDING STAFF PHYS. director, page 3 should be filed v M.D DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS MOCHI NAME (Type) 218 N . Posomine or. 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Md. Hagerstown Rest Howen Cemetery Washington Burial 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Rest Haven Juneral Haaerstown. Md DATE C



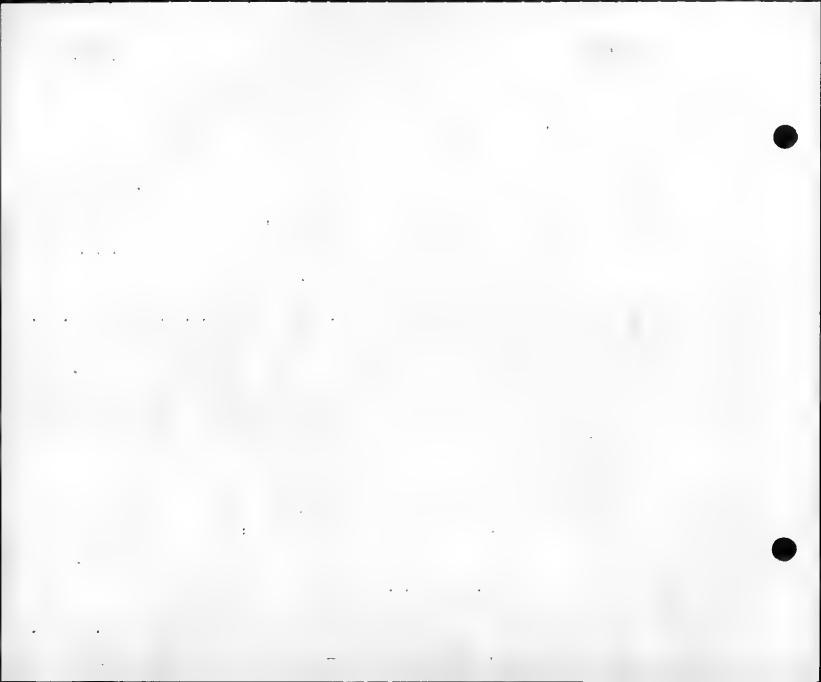
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b COUNTY 3 to Page ₹ death. Washington Washington MARYLAND deloy Deportment c CIY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b City OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 16 2, c. p.m3. Hagerstown ofter Hagerstown/ Houston 2 weeks d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE 2407 Albright St. form hours ON A FARM? Hamilton Hotel Hami/I/Von/Hotel ote YES NO Item 18 Give Pages hours after deeth 3 NAME OF 72 Middle Last 4 DATE Month Year DECEASED OF a LANGLEY COURTNEY October 23 1966 ĸ. £ = (Type or pnnt) DEATH along 1 with With S SEX DATE OF BIRTH AGE (In years IF UNDER I YEAR JF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Hours white male WIDOWED XX DIVORCED Aug. 25.1920 event Office CV ond 100 USUAL OCCUPATION (Give kind of work dane 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR during most of work no life, even if retired)
machinist COUNTRY? machine shop Smackover, Ark 24 = P-ORY Examiner's pages 14. MOTHER'S MAIDEN NAME pencil 13 FATHER'S NAME be executed with a Estelle Parks William Langley £16 and WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURTY NO 17. INFORMANT Address the Chief Medica: (Yes, no, or unknown) (If yes give war or dates of service) permit. removal, pending" 429-18-0984 Mrs. Bertha L. Lewis Smackover.Ark INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH Ь IMMEDIATE CAUSE (o) word This certificate should used os a burial-tr burial, cremotian, DUE TO I. ywwell Massive Brain Tajury Conditions, if ony, which gove te, writing the v farwarded to the rise to immediate couse (a) DUE TO stoting the underlying couse emorr last used 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16-1 CERTIFICATION the certificote, YES 🗶 NO 2 Pe 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part J of Item 18.) prior should PRIMARY LOT CONTRIBUTING CAUSE OF DEATH. should inflicted would of Head quasket EXAMINER: ogent, 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg, etc.) While Not While ot work DIRECTOR: Poge Happystower (W23/1 $\mathcal{H}_{\mathcal{A}}$ R 60-22-1966 ot work its designated 21. I certify that I taak charge of the remains described above, held an Autopsy 🖂 Inspection . Inquiry 🔀 and in my apinian <u></u> death resulted fram: Natural causes Suicide 🔀 Hamicide | Undetermined manner director Accident retained please CHIEF MEDICAL EXAMINER **ACTUA!** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE (moy be re FUNERAL I 10-24-66 funeral O DEPUTY OFPUTY MEDICAL EXAMINER -0 217 W. Washington **EXAMINER'S** Edward W. Ditto. III. M.D. Address (Street, city, town, or county) Hagerstown. Heolth NAME (Type) Maryland the 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 0 REMOVAL (Specify) 10-27-66 Salem Cemetery Smackover, Arkansas 24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR ATSME (5) 1966 Minnich Funeral Home Hagerstown, Md. 6M 1/66



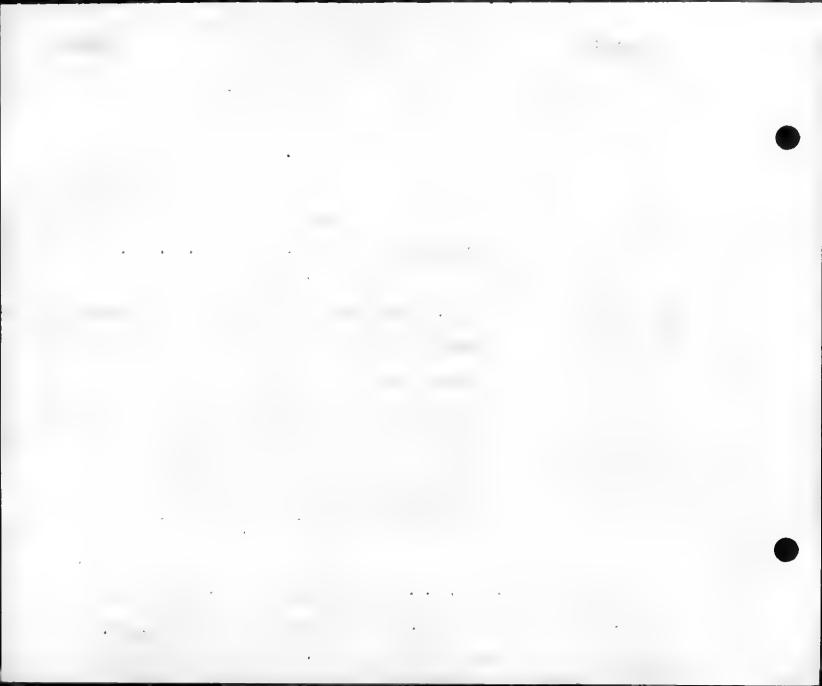
MARYLAND STATE DEPARTMENT OF HEALTH



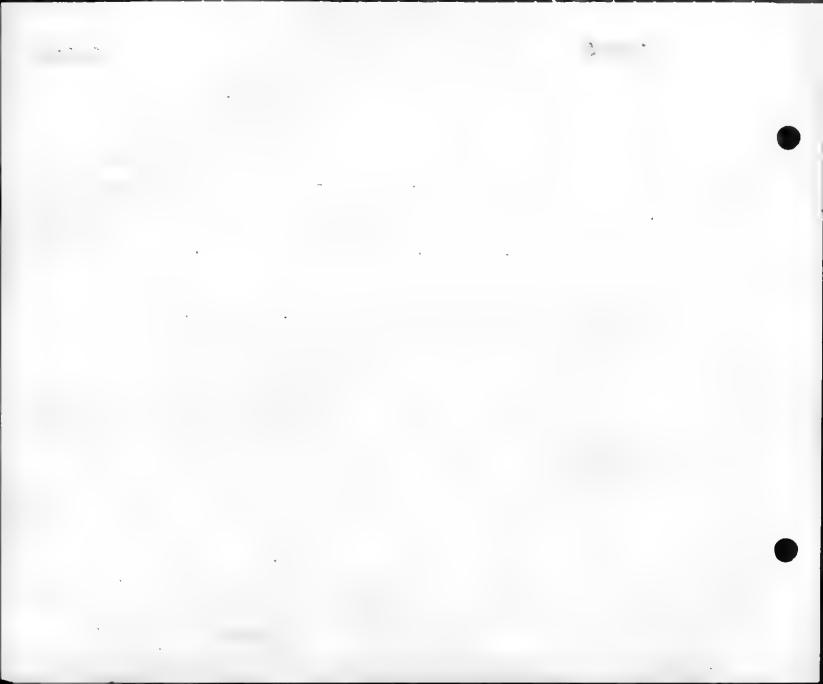
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14802 death. extriticate be executed within 24 hours after death. funeral i and 2 USUAL RESIDENCE (Where deceased eved if institution. Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY lease remave carban papers Pages 1 and in any event, within 72 haurs after Washington Maryland Washington MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate imits, CLENGTH OF STAY IN 16 write RURAL and give nearest town) Rural, Hagerstown 21 Years Fural Hagerstown d. STREET ADDRESS e IS RESIDENCE and campletely filled in remave carban papers d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? RFD#4 RFD YES NO 3. NAME OF First Middle Lost 4. DATE Month Dov DECEASED Gaither 8 1966 Oct. Lee Lewis DEATH (Type or print) IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) April 16. 1920 White WIDOWED DIVORCED | Male attending physician and sermit. Then please rem 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR Aircraft U.S.A. during most of working life, even if tetired). Wolfsville 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME cremation, ar remayal, Edward Lewis Ammie Himes 15 WAS DECEASED EVER IN U.S. ARMED FORCE S? 17. INFORMANT 16. SOCIAL SECURITY NO. Address MINYSICIAN: The law requires that the lighth (Yes, no, or unknown) (If yes give wor or dotes of service)
Yes World War 2 219-12-1552 Mrs. Helen Lewis, R.D. #6. Hagerstown, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) NTERVAL BETWEEN signed by the burial-transit p the ONSET AND DEATH Instant PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coronary occlusion Page 4 may be retained by the haspital or attending physician burial, Arteriosclerotic cardiovascular disease 3 years Conditions, if only, which gove rise to immediate couse (a), DUE TO as the prior tal stoting the underlying couse has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION nse Alcoholism NO X O FUNERAL DIRECTOR: After this certificate far 20o. ACC DENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work OR ATTINDING ot work 19_56_, to_ 10-8, 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 3 - 14director, page 3 shauld shauld be filed with the saw the deceased alive on 10-6 1966, and that death occurred at 15n M, fram causes and on the date stated above. 22b DATE SIGNED 220. SIGNATURE STAFF PHYS. 10-10-66 M.D DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles F. Hess. M.D. Smithsburg, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURJAL CREMATION (County) (State) REMOVAL (Specify)
Burial 10-11-66 Smithsburg Cemetery Wash Smithsburg REGISTRAR'S SIGNATURE 66 66 24 FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Minnich Funeral Home, Smithsburg, Maryland DATE



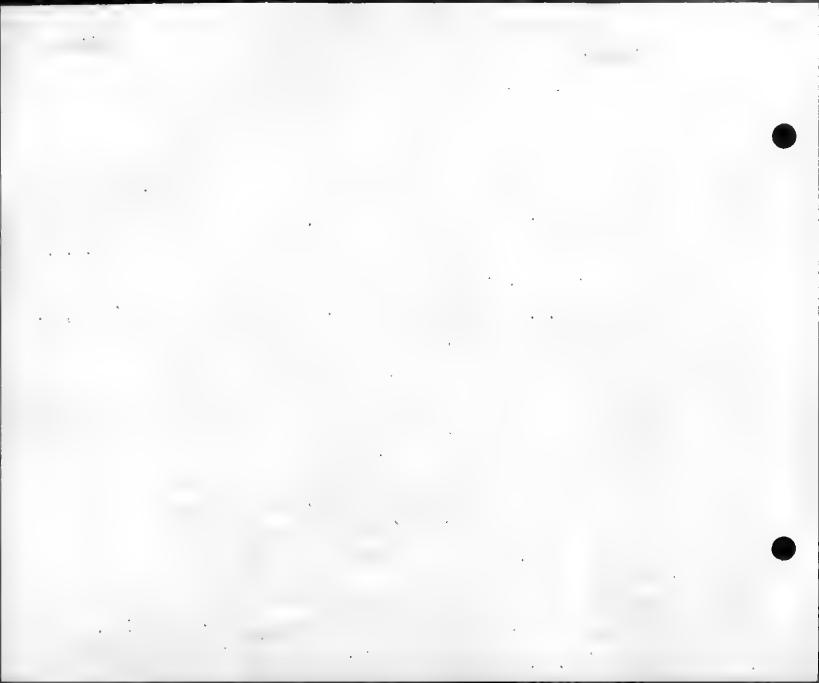
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VR A15 (4) 20 M 1/66	W	_	FUNERAL DIRECTO		**	ADDRESS		2Sa RECT	BY REGISTRAR	25b. REC	ISTRAR'S SIG		1 - 5
20 M 1/66	ix		Minnich	Funera1	Home	Hagersto	wn,	Md . DATE (6121	1966	Clian	ly you	wal



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14804 by the funeral ... Poges 1 and 2 nours ofter death/ The low requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH p. COUNTY MARYLAND Maryland Frederick oletely filled in by the fur carbon papers. Poges 1 ent, within 72 hours ofter Washington. Hagerstown c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURA, and give negrest town) b. CITY OR TOWN (If outside carparate houts. write RURAL and give negrest tawn) Frederick d STREET ADDRESS B OX 338 e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? completely filled Route # 5 Washington County Hospital YES NO Middle 4. DATE 3. NAME OF Manth DECEASED October 3% Gertrude Mary Lindquist 66 DEATH (Type or print) IF UNDER 1 YEAR IF LINDER 24 HRS 9. AGE (In years B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Days Haurs 11/28/1909 DIVORCED white WIDOWED Female 11. BIRTHPLACE (County & State, or fareign cauntry) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a LISUAL OCCUPATION (Give kind of work dane COUNTRY? during most of working life, even if retired) INDUSTRY edse Dan Dee Co. Inn Baltimore, Md. Hostess signed by the ottending physic burial-transit permit. Then ple burial, cremotion, or removal, a 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME George F. Rochford Margaret Barry 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give wor or dates of service) George A. Lindguist, Jr., son, above 227-48-1050 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY-6 weeks Subarachnoid hemorrhage IMMEDIATE CAUSE (a) by the haspital ar oftending physicion. DUE TO Ruptured aneurysm (anterior communicating 3 weeks Canditions, if any, which gove rise to immediate couse (a). artery). Post-operative. DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate hos been os the last WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept. of Health Diabetes and hypertension. 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m. Not While at work 9-8-66 . 19 to 10-8-66 19 that (1) (we) last 2). I certify that (1) (this haspital) attended the deceased from..... saw the deceased alive on Oct. 3. 1966, and that death accurred at 9:30 M, fram couses and on the date stated above. be retained 27b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR director, page 3 should be filed v PHYS. 22d. ADDRESS 132 22c. PHYSICIAN'S N. Potomac St., Hagerstown, Md. A. F. Abdullah, M. D. NAME (Type) 23d. LOCATION (City or Tawn) 23c NAME OF CEMETERY OR CREMATORY (Caunty) (State) 23b DATE THEREOF 23a BUR AL CREMATION BULLAL (Specify) 10/7/66 Holv Redeemer Cemery Baltimore. 25b REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR SCHIRLING Funeral Home, VR A15 (4) 20 M 1/66 DATE 3331 Brehms Lane



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14205 and 2 death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) law requires that the death certificate be executed within 24 haurs after deal o. COUNTY ashington campletely filled in by the fun lave carban papers. Pages 1 ly event, within 72 haurs after MARYLAND shington c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RuRAL and give nearest town) Lagiers town 4 Davs Hazerstown d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Tashin ton County H-s.it. Vir.ini. YES NO -3 NAME OF Middle 4 DATE Lost Doy DECEASED ther DEATH IF UNDER 24 HRS S SEX AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED remove birthdoy) Hours DIVORCED 12 CITIZEN OF WHAT 100 US_AL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR TI BIRTHPLACE (County & Stote, or foreign country) during most of working life, even fret red) Ratierd COUNTRY 2. Haberstom, a 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME burial, crematian, or remova Anna R. Wallesk Angrew ii. ...rr 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT .Prospeck (Yes, pg. or unknown) (If yes give wor or dotes of service Junet Hamerstown, -- u Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse ‡ ₽ has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS)
PERFORMED? NO J TO FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) 20o ACCIDENT WAS JNDERLYING OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Day, Year {County} (Stote) factory, street, office bldg . etc.) Hour o.m. Not While 21. I certify that (I) (this hasastal) attended the defeated fram. directar, page 3 shauld shauld be filed with the and that death accurred at 250 M, from causes and an the date stated above. saw the deceased alive an... 220 SIGNATURI 22b. DATE SIGNED DIRECTOR 22d ADDRESS* NAME (Type) Donald E. Martin, M.D. 418 N. Potomac St., Hagerstown, Md. 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City on Town) Rest H. ven Celetery 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) e. COUNTY b. COUNTY/ MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town write RURAL and give nearest lown) Hage d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE papers, reg n 72 hours a ON A FARM? YES NO A completely NAMEOF Year DATE DECEASED OF (Type or print) 1966 DEATH (and cor 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. 5. SEX OR RACE 7. MARRIED NEVER MARRIED last birthday) Months i Hours WIDOWED [yes. physician гешоле 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY County & State, or fore on country) done during thost of working life, even if retired? please FATHER'S NAME MOTHER'S MAIDEN NAME attending WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown), (If yes give war or dates of service) physician. 18. CAUSE OF DEATH [Enter enty one cause per line for (a) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which? (b) gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Hall 19. WAS AUTOPSY PERFORMED? NO 20s. ACCIDENT WAS UNDERLYING | 1 20b. DESCR.8E HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, farm, (State) 20c. TIME OF INJURY 20f. (City or town) (County) Month, Day, Year factory, street, office bldg., etc.] While Not While Hour e.m. et work at work p.m. ECTO 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased 22b. DATE 22e. SIGNATURE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D. FUNERAL 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type 230. BURIAL, CREMATION, 236. DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY, 23d. LOCATION [City, lown or equaly] 0 255, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR VR A1S (4) 15M 7 61



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femave carban papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

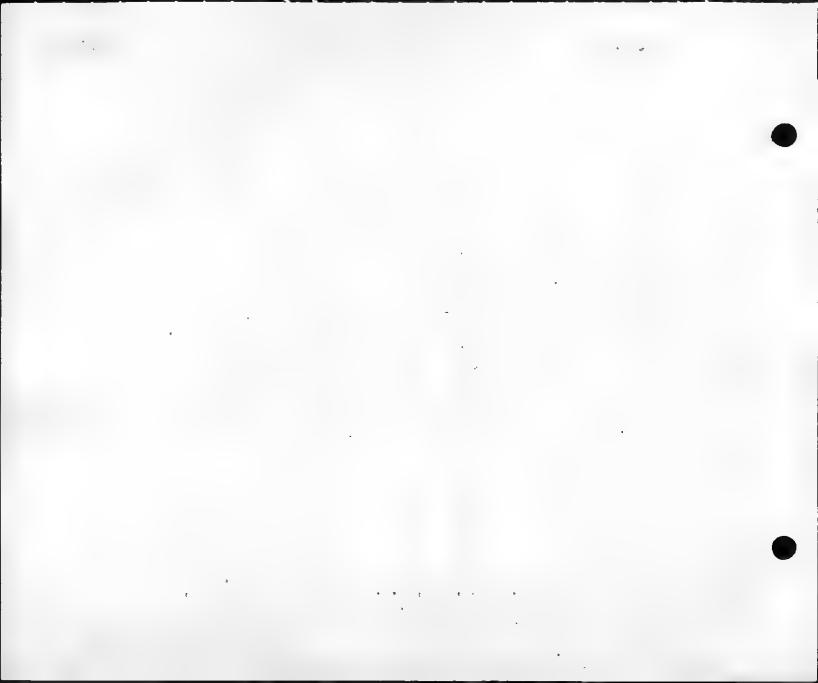
TO HOSTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within 21 hours after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

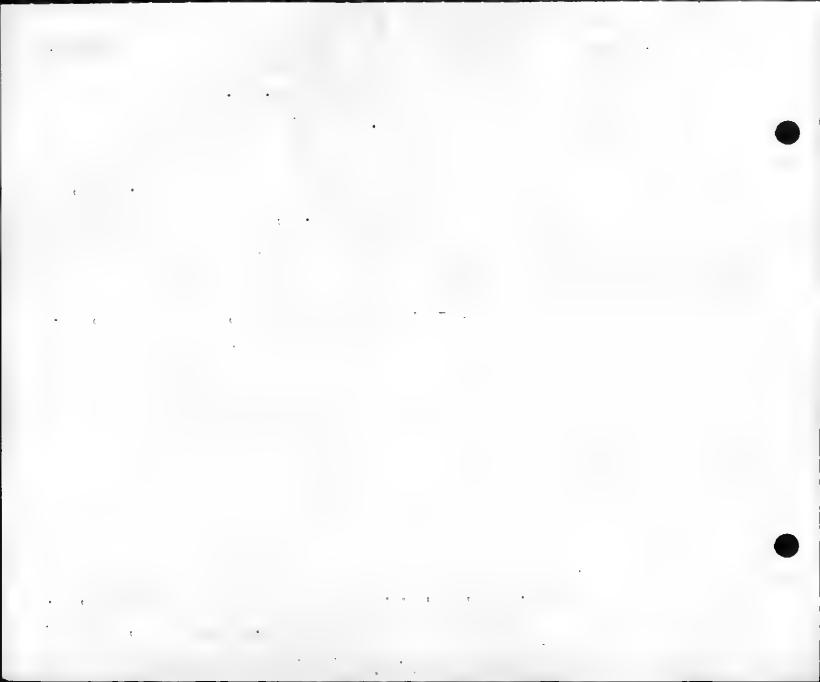
		14807	CERTIFICATE	OF DEATH		14809					
		PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (V a STATE	Where deceased lived, if institution b COUNTY						
7~~	1	b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn)	C. LENGTH OF STAY IN 16	c CITY OR TOWN (IF au	tside corporate limits, write RURAL						
	_ (Hagers town NAME OF HOSPITAL OR INSTITUTION (IF put in he	aspital, give street address)	d STREET ADDRESS	erstown	e IS RESIDENCE ON A FARM?					
	3 1	17 shington County	Hospital Middle	53 di	Son Ave	Day Year					
	1	DECEASED	lvin McName		OF Oct 28	1966 19					
				DATE OF BIRTH	Inst hirthday) M	UNDER) YEAR IF UNDER 24 HRS. Ionths Days Haurs Min.					
	dun	USUAL OCCUPATION (Give kind of work dane ing most of working life, even fretired) Car Inspector	106 K ND OF BUSINESS OR NDUSTRY Retired	Hagersto	& State, or fareign country) ामा मन्द्रिक्ष C _ N	12 CITIZEN OF WHAT COUNTRY? D. U.A.					
	13.	Calvin D. McName			Crawford						
	IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, or unknown) (If yes give war ar dates of serving) A CALISE OF DEATH (Enter only one cause per	16. SOCIAL SECURITY NO. 17. IN (ce) 717-07-9292 1.19	FORMANT Gloria L	Address Slate 19 E	lizabeth S t					
		PART I DEATH WAS CAUSED BY.	line for (a), (b), and (c)) 7. Fercio Scleres is Cereluic Thrown 14eart Disease	bosic ; 1	eizel with	ONSET AND DEATH					
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	enting to death but not related to the entire to the entire terms.		DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	CERTIFICATION	20d ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED (I	nter nature of injury in I	Part I or Part II of item IB.)						
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur o.m. p.m. 19		E OF INJURY (Hame, farm ry, street, affice bldg , etc)		(Caunty) (State)					
		saw the deceased alive an 🗷 c	attended the deceased fram C + 22 19 66, and that	not death accurred at 425 M, fram causes and an the date stated above							
		220. SIGNATURE 226. DATE SIGNED ATTENDING MED. STAFF 226. DATE SIGNED 226. PHYSICIAN'S 226. ADDRESS 217 W. Washington Street									
		TARABAN IN A	tto. III. M.D.	Ha	gerstown, Maryl	and					
	23a	BURIAL (REMATION, REMOVAL (Specify) 10/31/36	23c. NAME OF CEMETERY OR C	Letery	23d LOCATION (City or Town) Lagerstown	ash Co wa					
0	24	Andrew K. Colla		2Sa RECD		PARS SIGNATURED					

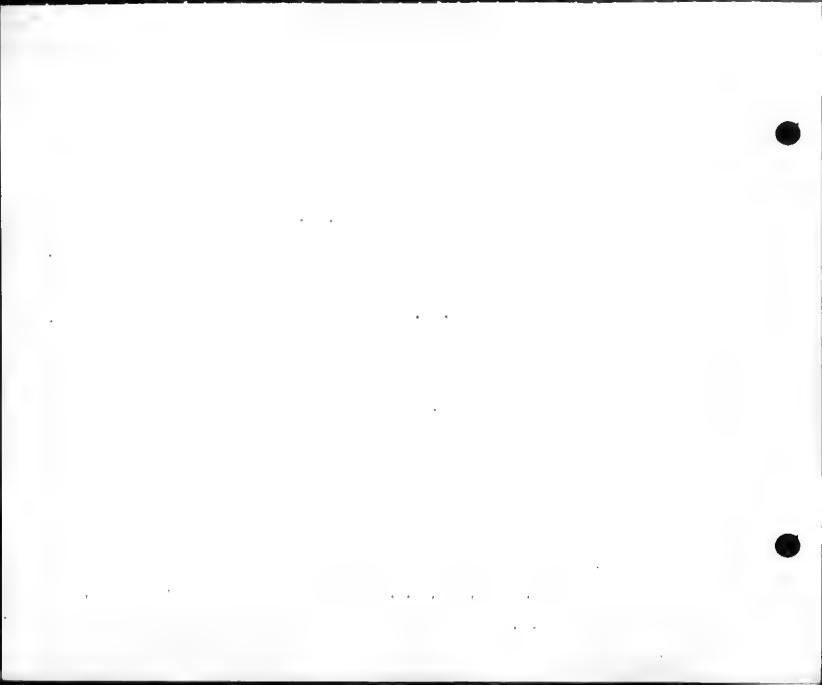


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH death. and PLACE OF DEATH a. COUNTY TATA 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) WASHINGTON MARYLAND b. COUNTY WASHINGTON by the fire Pages 1 urs after MARYLAND b. CITY DR TDWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. 1 HAGERSTOWN DOURS (RURAL CLEARSPRING DAY remove carbon paper any event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS COUNTY HOSPITAL CLEARSPRING ND X YES within NAME OF First Middle Month Last DATE Day Year DECEASED WOODROW OCTOBER 26 ARCHIE MICHAEL 66 (Type or print) DEATH 19 6. CDLOR DR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. last birthday) Months ! Days Hours MALE WHITTE DIVORCED [.5 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) attending physician during most of working life, even if retired) COUNTRY? VIRGINIA WEIDER death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME SHANNON MICHAEL CARRIE F. GRAHAM Addre L I .# 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) ed by the atte transit permit cramation, of MRS. BERTHA MICHAEL CLEARSPR 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the the burial-transit is or to burial, cremati Thomas; ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Cenditions, If any, which (b) gave rise to immediate as the l DUE TO cause (a), stating the underlying cause last. has 8 PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY 119. for use Health certificate I thed for use ot. of Health PERFORMED? CERTIFICAT nono YES X NO [20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIEN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part i or Part ii of item 18.) Dept. this detach MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)-(County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After p.m. 19 at work at work retained p 21. I certify that (i) (this hespital) attended the deceased from the DIRECTOR: age 3 should lled with the 19 6 Cand that death occurred at saw the deceased alive on. M, from the causes and on the date stated above. 22a BIGNATURE DATE SIGNED director, page 3 should be filed w STAFF PHYS. M.D. DIRECTOR TO FUNERAL 228. PHYSICIAN'S ADDRESS 22d. NAME (Type) DATE THEREOF LOCATION (City, town or county) 23b. NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION. 23c. (State) REMPORSIPAIN) GARDENS HAGERSTOWN 9 CEDAR LAWN MEM. 66 FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR AIS DATE 20M 1/65



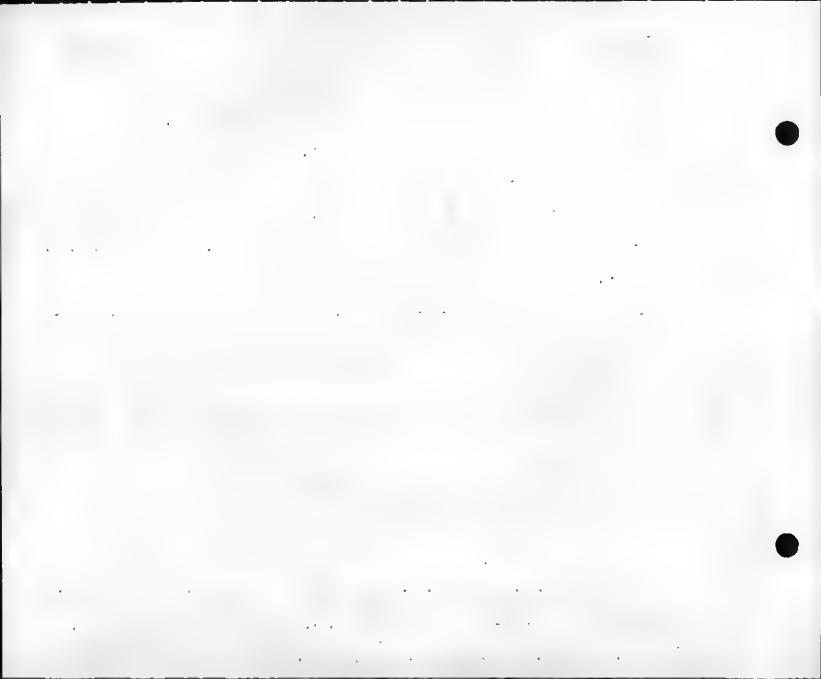
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived, f institution Residence before admission) I. PLACE OF DEATH p. COUNTY o STATE b. COUNTY Page Washington d death. W. Va. MARYLAND Morgan partment b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 15 c C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2, and P 3. F write RURAL and give nearest town) after Paw Paw 2 Das. d NAME OF HOSP TAL OR INSTITUT ON (f not in hosp to, g ve street oddress) d. STREET ADDRESS IS RES DENCE ON A FARM? Del Office alang with farm haurs Washington County Hospital Postmaster ate YES NO haurs after death 3 NAME OF Middle 4 DATE Lost 5 72 DECEASED OF James Tucker with the Miller Oct. 1966 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED X B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS NEVER MARRIED lost bjothday) Hours 8. Male White Sept. W DOWED D VORCED event IDo USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY TUSA INDUSTRY Jerome, Virginia Orchardist d "pending" in pencil in Chief Medical Examiner's 13 FATHER'S NAME 14 MOTHER'S MA:DEN NAME pemc, This certificate shalld be executed within Godfrey Wm Miller Emma Elizabeth Miller 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) ar remayal, 236-50-1593 Leoda Deutsch, Ellicot City, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (o) s a burial-tra crematian, c 406,75. ta the extrusive Brain D84291 Hazd Conditions, if any, which gave 1 rise to immediate couse (a), DUE TO stoting the underlying couse used as burial, c PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? YES X NO designated agent, priar ta 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port If of item 18.) 3 shautd PRIMARY M or CONTRIBUTING [shot while Sitting in Cab of Truck CAUSE OF DEATH 20c TIME OF INJURY Month, Dov Year 2Dd. NJURY OCCURRED 2De PLACE OF INJRY (Home, form (City or town) (County) (Stote) foctory, street, oft ce b dg, etc) Not While While Paw Paw ot work at work MC7-424 10-1-1966 Willia. 07 6427-0 21. I certify that I took charge of the remains described above, held on Autopsy A. Inspection . Inquiry 🗫 FUNERAL DIRECTOR: ond in my eninton the funeral director. death resulted from: Noturol couses Accident . Suicide Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER SIGNATURE Solve and 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Ь DEPUTY MEDICAL EXAMINER | | | 10-3-66 **EXAMINER'S** 5 may 1 TO FUNES Health o Edward W. Ditto, III, M.D. Address (Street, city, town, or county) Hagerstown, Md. NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION 23d LOCATION (City or Town) (County) REMOVAL (Specify) 10/5/1966 St Pauls Lutheran Ch. Jerome Removal 25b REG STRAR S SIGNATURE 24. FUNERAL DIRECTA 250 RECD BY REGISTRAR VR A15ME (5) Milarley & uneral Homes, Berkeley Sprs. DATE C 1966 6M 1766





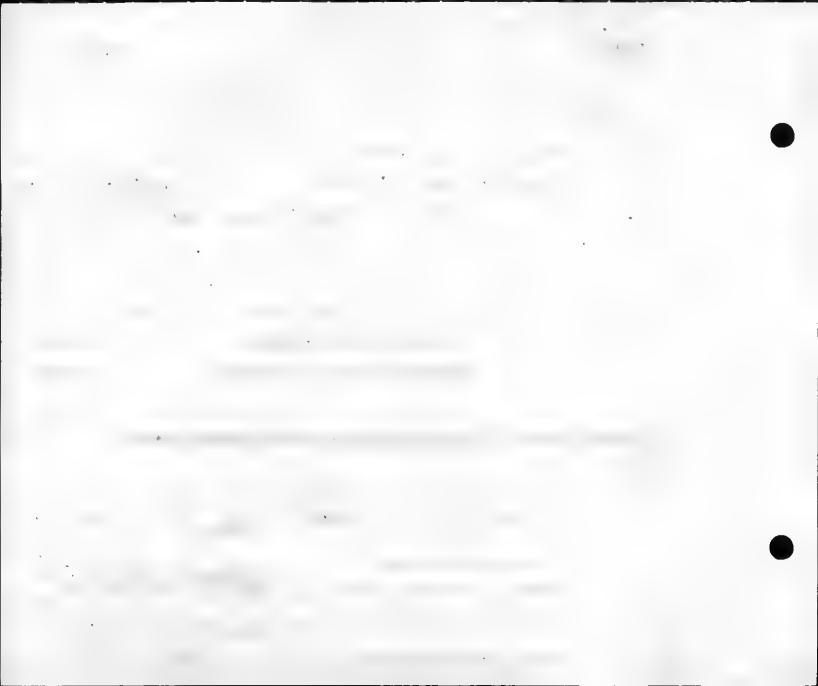
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14811 CERTIFICATE OF DEATH 24 hours ofter death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Washington b. COUNTY MARYLAND Washington c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) and completely filled in by the remove corbon papers. Pagin any event, within 72 hours Hagerstown 3 Weeks Rural Boonsboro Rfd. 2 d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address) A STREET ADDRESS e IS RESIDENCE ON A FARM? Washington County Hospital Mt. Lena YES NO TO requires that the death certificate be executed within 3 NAME OF Middle Last 4. DATE Month Year DECEASED OF 19 66 Russell October 22. Lewis Moser (Type or pont) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. S SEX 6. COLOR OR RACE B DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED birthdoy) Hours Jan. 2, 1907 Male White WIDOWED DIVORCED 10a LISUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT sicion a during most of walking life, even if retired)
Metal Worker **JNDJSTRY** COUNTRY? Aircraft Myersville, Md. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Elmer C. Moser Martha Poffenberger 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give wor or dates of service) 215-07-9085 Mrs. Agnes Moser, Boonsboro Rfd. 2, Md. No. signed by the otter burial-transit perm burial, cremation, c CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Canditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the chauld be filed with the State Dept. of Health prior to 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO TY by the hospital or 200 ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (Caunty) (State) Hour a.m. foctory, street, office bldg., etc.) Nat While of work 190 L ta > 20ch- 19 66 that (1) (we) last be retoined saw the deceased glive on 22 Oct 1966, and that death accurred at 2 AM, fram causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) J. D. Wilson, M. D. 580 Northern Ave. Hagerstown, Md. 230. BURIAL, CREMATION, REMOVAL (Specify) BUT IS 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 10- 25- 66 Myersville U. B. Cemetery Mversville. 2So. REC D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATUR 1966 VR A15 (4) 20 M 1/66 John H. Bast, Jr. 112 N. Main St. Boonsboro Md

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14812 be executed within 24 hours ofter death. ond PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a. COUNTY o. STATE b. COUNTY Washington Maryland Washington smpletely filled in by the fur ve corbon popers. Poges 1 event, within 72 hours after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURA), and give negrest tawn) CLENGTH OF STAY IN 16 b CITY OR TOWN (If autside corporate limits, Wite RURAL and give nearest tawn)
Hagerstown 82 days Cavetown e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Western Maryland State Hospital YES NO T 3 NAME OF 4 DATE Manth Year Day completely DECEASED OF (Type or point) DEATH 19 61 S SEX AGE (In years 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED remove last birthday) Manths Days Haurs ond in any female White WIDOWED DIVORCED to July OCCUPATION (Give kind of work dane during most of working life, even if retired)

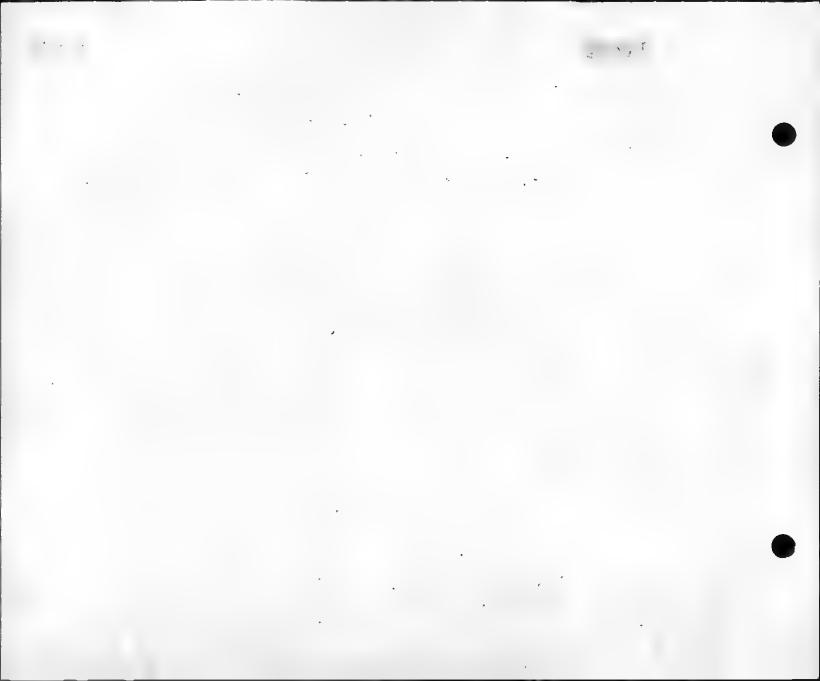
Housewife 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) TOP KIND OF BUSINESS OR COUNTRY? INDUSTRY The low requires that the death certificate Whitehall. Md. Home 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Ramsey Mary A Snyder ottending c IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, or unknown) (If yes give war or dates of service) NOHE Carl Mumson Hagerstown. no burial, cremation INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit cerebral thrombosis IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. signed t DUE TO Conditions, if any, which gave arteriosclerosis, general zinknown rise to immediate cause (a). DUE TO stating the underlying cause os the prior to certificote hos been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? State Dept. of Health Diabetes mellitus (2) multiple pulmonary thrombi (3) Nephroscheros is NO OR ATTENDING PHYSICIAN: 205 DESCRIBE HOW INJURY OCCURRED (Enfer nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur a.m. Not While at wark 21. I certify that (I) (this hospital) ottended the deceased from 5206.30 saw the deceased glive on 04.6, 1966, and that death occurre 1966 to Oct. 6 1966, that (I) (we) last 1966, and that death occurred at 12:40 M, from causes and on the date stated above. DIRECTOR: 22b. DATE SIGNED 22a. SIGNATURE Oct. 6,1966 DIRECTOR PHYS. State Hospital 22d ADDRESS Western md. 22t. PHYSICIAN'S FUNERAL VICTOR L. Ramos, mid director, po should be f NAME (Type) Hagors to and, mary land 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL CREMATION (County) (State) bull (Pecify) 10/8/66 Rose Hill Cemetery Hagerstown, Md. 0 ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 Minnich Funeral Home Hagerstown, Md



•		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
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OR AT	L DIRECT page 3 sl filed with	22a. SIGNATURE M.O. ATTENDING MED. STAFF DIRECTOR PHYS. 22b. DATE SIGNED	
HOSPITAL	ERAL or, pa	PHYSICIAN'S Dr. John Stauffer, MD. 22d. ADDRESS 1455. Prospect St. Nagerstown	Md
TO HOS	direction shoul	Burial (Specify) 11/2/66 Hyersville Lutheran Cem. Myersville, Maryla	nd •
	A15 (4) 7	TUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ladhill Company, Middletown, Maryland Charles Judy	ge.
201	N 1/65		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth. funeral 1 and 2 1er death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission 1. PLACE OF DEATH o COUNTY ve carbon papers. Pages 1 event, within 72 hours after MARYLAND The low requires that the death certificate be executed within 24 hours ofter b CITY OR TOWN (If autside carpared limits, c LENGTH OF STAY IN 16 write RURAL and give hearest town) IS RESIDENCE ON A FARM? HOSPITAL OR INSTITUTION (If not in hospital, give afreet oddress) d STREET ADDRES filled NO Z NAME OF Middle DATE Month completely DECEASED (Type or pant) DEATH 1 YEAR IF JNDER IF LINDER 24 HRS S. SEX AGE (In years 7 MARRIED NEVER MARRIED remove Months Hours busthday) Days and in ony DIVORCED 12 CITIZEN OF WHAT CCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN J S ARMED FORCES? (Yes, na, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO INFORMANT Address NTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b). signed by the buriof-tronsit ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physicion. DUF TO Canditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause prior to last. 00 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) with the State Dept. of Health 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Nat While at wark 21. I certify that (1) (this haspital) attended the deceased and that death occurred at 31 M, from causes and on the date stated above. O FUNERAL DIRECTOR: saw the deceased alive on 220 SIGNATURE **ATTENDING** DIRECTOR PHYS PHYS filed director, poge should be filed 22r. PHYSICIAN S NAME (Type) BURIAL, CREMATION DATE THEREOF 23 NAME OF CEMETERY OR CREMATORY LOCATION (Gity or Lower REMOVAL (Specify) 250. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

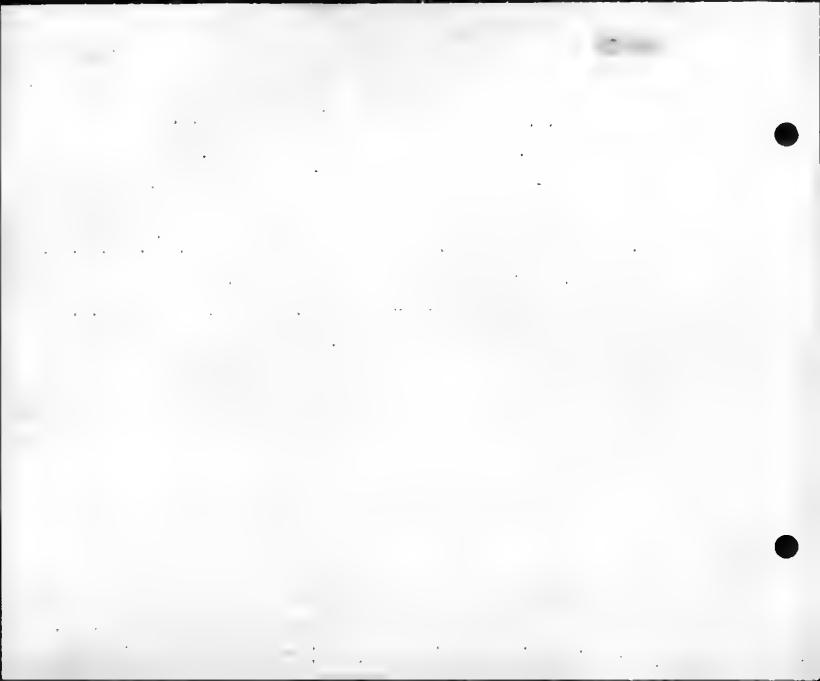


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the deoth certificates be executed within 24 hours after death. puo 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) redn and campletely filled in by the funeral lease remove carbon papers. Pages 1 and and in any event, within 72 hours after deat PLACE OF DEATH a. COUNTY Washington Washington MARYLAND b CTY OR TOWN (If outside comporate limits. C LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town)

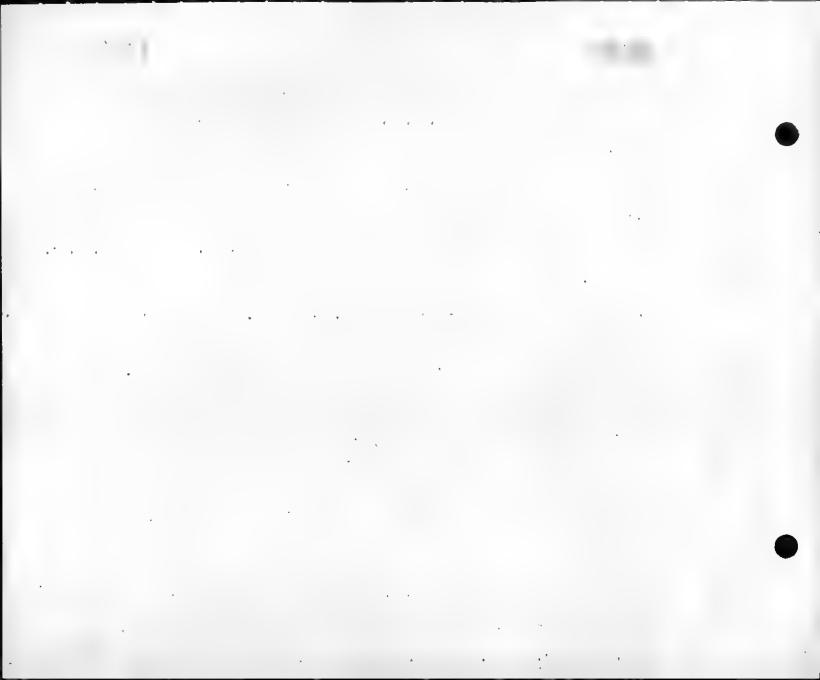
Kagerstown Haaerstown d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? Washington County Hospital 342 S. Cannon Ave. YES NO K 3. NAME DE Last 4. DATE Month Day Year DECEASED Arthur Clinton Reynolds October 19 66 Type or print 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years 7 MARRIED lost birthdoy) Days White Male Dec. 27, 1896 WIDOWED 10a USJAL OCCUPAT ON (Give kind of work done during most of werk on life even if retired) 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) COUNTRY? Buildings physicidn nen pleose Hagerstown Wash Co. Md. 13 FATHER'S NAME signed by the attending physi burial-transit permit. Then pl burial, cremation, or removal, Daniel Reynolds Mary C. Albin ottending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates af service) Um. J. Reynolds 342 S. Cannon Aug Hagerstown 220-10-3438 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line jos (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying couse **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or Town) (County) (State) Hour a.m. factory, street, affice bldg, etc.) Nat While 19 6 (that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from be retoined 196/2, and that death occurred at8:10AM, from couses and an the date stoted above. saw the deceased alive on 220 SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 10-4-66 M.D. 22d 22s. PHYSiCIAN'S Poge 4 moy NAME (Type) Charles C. Spencer. M.D. 115 S. Prospect St. Hagerstown, Md. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) BURIAL CREMATION REMOVAL (Specify Haaerstown Wash. Rest Haven Cemetery 10/4/66 2Sa REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Hagerstown, Md. Juneral DATE

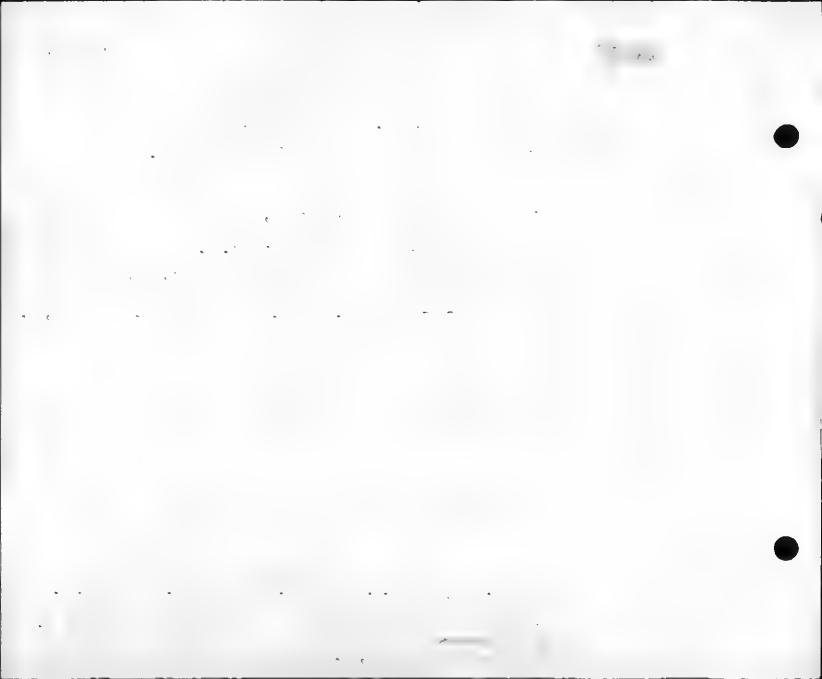
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MARYLAND STATE DEPARTMENT OF HEALTH Manager Mary Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH leath and ing physician and campletely filled in by the funeral . Then please remave carban papers Pages, I and Nemaval, and in any event, within 72 haurs affer deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COUNTY ushington shin ton law requires that the death certificate be executed within 24 haurs after MARYLAND c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give negrest town) Hagerstown R.D. Years Hagerstown R.D. d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Hosewell Fd. Howewell I.d. YES NOWX 3 NAME OF Middle 4. DATE First . Last Morth Day Year DECEASED (Type or print) OF CLARENCE HENRY ROHRER ∩at. 66 19 DEATH IF JNDER I YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years 7. MARRIED NEVER MARRIED 8 last birthdoy) Hours July 18, hite DIVORCED 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10g JSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country); COUNTRY? attending physician i during mast at working life, even strettred) R INDUSTRY Chewsville ish. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lillie i.. Elde Bovey Jacob II. ohrer IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Hazerstown permit. (Yes, na, ar unknown) (If yes give war ar dates of service 214-09-2003 Larie C. Rohrer signed by the c burial-transit po burial, crematig 18. CAUSE OF DEATH (Enter only one cause per line far (a) (b), ond (c).)
PART 1 DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH hrombosks Or oner 1 IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO 4201. Arterioscleratic Heart Diverse Conditions, if any, which gave rise to immediate couse (a). DUF TO far use as the t Health priar tak stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been last WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO. 20g ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II af Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Hour om factory, street, office bldg., etc.) While Nat While at work at wark þ 21. I certify that (I) (this-hospital) attended the deceased from H 2 4 , 19 55, to Oct - 21 ₽ director, page 3 should should be filed with the saw the deceased alive on Oct-2421, 1966, and that death accurred at 10 A-M, from causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN S NAME (Type) Motoric DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23d LOCATION (City or Town) REMOYAL (Specify) Rose Semetery Lagerstown FUNERAL DIRECTOR 25a REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1966 Marle DATE

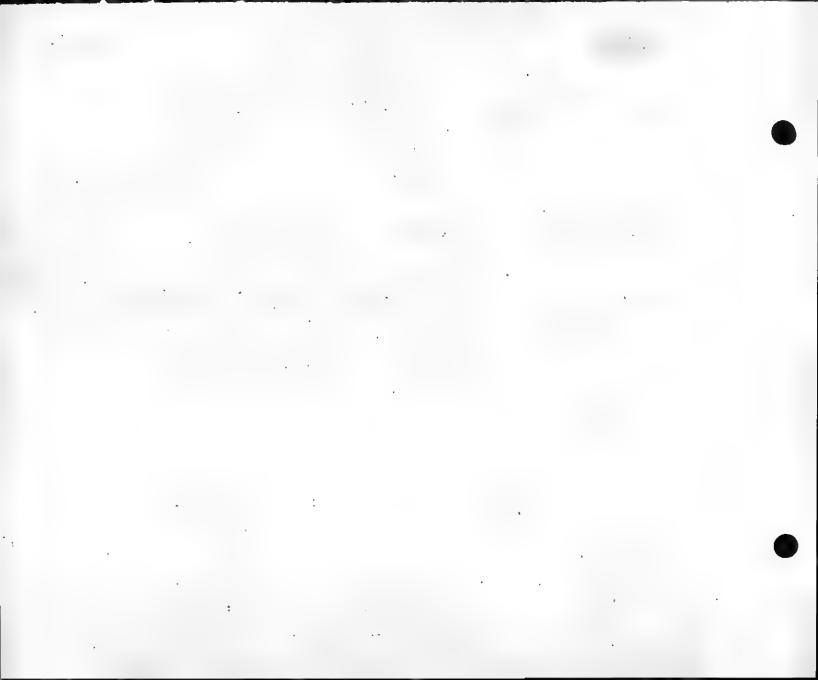


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. and and campletely filled in by the funeral remave carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY b. COUNTY Washington MARYLAND Maryland Washington c CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) b. CTY OR TOWN (if outside corporate I mits, c LENGTH OF STAY IN 16 bon papers. Pag. write RURAL and give neorest town) Hagerstown D. O. A. Rural Boonsboro Rfd. 2 d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e 15 RESIDENCE ON A FARM? Washington County Hospital Mapleville YES NOCK 3 NAME OF Middle 4. DATE Month DECEASED (Type or print) William Merle Shifler DEATH 19 66 October S. SEX 8 DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthday) Doys Male White WIDOWED DIVORCED August 7.1905 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working the, even if ret red) INDUSTRY Hardware COUNTRY? Mapleville. Md. U. S. A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William L. Shifler Ada Keller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates of service) Mrs. Mildred R. Shifler Rfd. 2 Boonsboro, Md. No. 216-07-7117 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) þ DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? far use f Health p NO DISCUBE HOW INJURY OCCURRED Jenter nature of injury in Part 1 or Part II of item 18 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING LICAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e PLACE OF INJURY (Home, form, 20f. (County) 20c. TIME OF INJURY Manth, Day, Year (City or town) (State) Hour a.m factory, Street, office blad, etc.) 21. I certify that (1) (this haspital) attended the deceased fram be retained shauld 1966, and that death accurred at 5.46M, fram causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** DIRECTOR director, page 3 22d. ADDRESS 22c PHYSICIAN S NAME (Type) Robert F Keadle . W. D 580 Northern Ave. Hagerstown, Md 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) REMOVAL (Specify) 10- 8- 66 Boonsboro Cemeterv Boonsboro 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 John H. Bast, Jr. 112 N. Main St. Boonsboro Md DATE





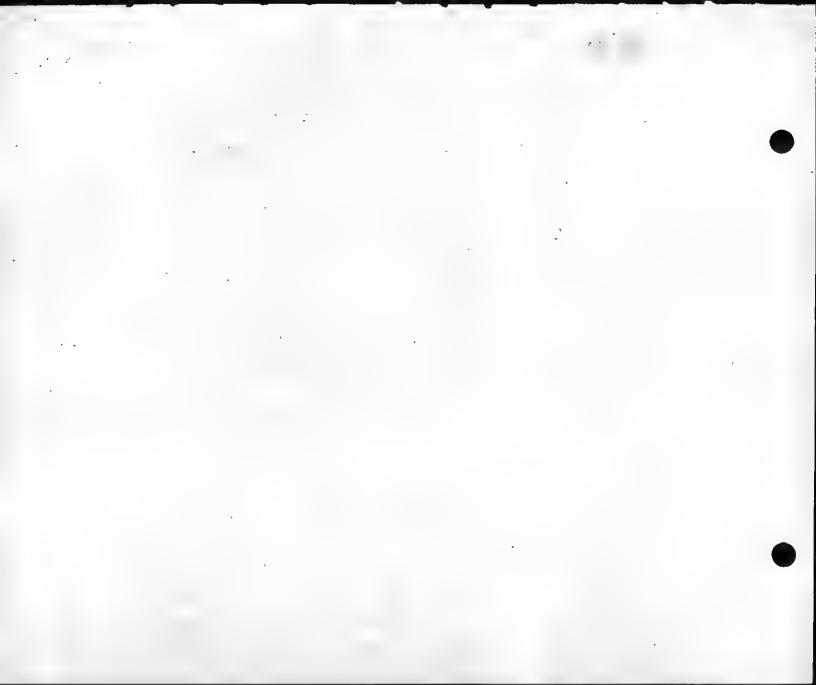
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	equires that the death certifica Jing physician. The signed by the attending planes signed by the attending plane is the burial transit permit. Then to burial, cremation, or remova		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
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	ph ph sin sin pur		conditions, If any, which gave rise to immediate (b) Cerebral Hemorrhage	7) 1 4 .
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	R ATTENDII e retained RECTOR: A 3 should with the S		saw the deceased alive on Oct 14 1966, and that death occurred at 7 P. M. from the causes and on the	
	DR A be re DIREC			ATE SIGNED
	ay bay bage		M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 22c. PHYSICIAN'S	1/66
	TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	1 4	22c. PHYSICIAN'S NAME CTYPE / 1040 A- HOFF men 714 N. Potomec St	P
	FU?	23	- DEMOVAL (Complete)	unty) (State)
	5 5 %		DUITIN 16/1/66 KOSE MICL CENT, THEREXICKUN	, 170.
	~	2		s signature
	VR A15 (4) (20M 1/65	11	W. J. Korment, Hyerston Med DATE OCT 19 1966 Jour	1
		and the same of		



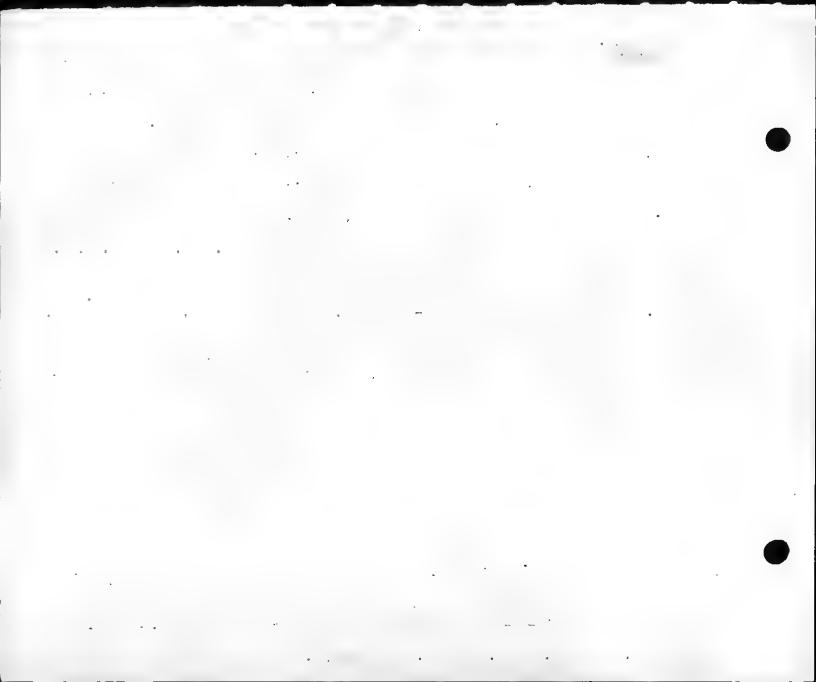
MARYLAND STATE DEPARTMENT OF THEOLOGICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY WASHINGTON **MARYLAND** b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) RURAL and give nearest town) YRS. HAGERSTOWN lay us me. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? MULBERRY WASHINGTON COUNTY HOSPITAL 136 NO A 3. NAME OF Middle DATE Month DECEASED SMITH OCTOBER WASHINGTON 1966 CHARLES DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | lest birthdey) | Months | Days | Hours | Min. | Min. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIEO T NEVER MARRIEO 28/1887 MALE WIDOWEO in Item 18. Give Page Office along with 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done | 10b, KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired).
RETIRED BLDG. INSPECTOR CIT MARYLAND pages 1 in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME STELLA RODGERS THOMAS SMITH File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT HAMBERS HOWN 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) MRS. EVA B. SMITH MD. permit. 217-10-3102 EXAMINER. This certificate should be executed within certificate, writing the word "pending" in pencil is INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c), I ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Subdural Hematoma Rt. Temporoparietal 21 hours IMMEDIATE CAUSE (a) Region Conditions, if any, which (b) Adenocarcinoma Of Sigmoid Colon With Metastasis Several gave rise to immediate cause (a), stating the To Liver. vears underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATI YES TE NO [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 20a. EXTERNAL GAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF TEATH. 필급 Fell at home. 3 shoul agent, 1 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, MEDICAL 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) the certificate \$4 should be for Hour e.m. While - Not While 1966 at work at work be Washington **■ 10-16-**Home Hagerstown Inspection Inquiry and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy DIRECTOR: Undetermined manner death resulted from: Natural causes Accident la Suicide Homicide Page 4 s for your CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 9 FUNERAL I DEPUTY MEDICAL EXAMINER Oct. 19, 1966 please ex director. retained f **EXAMINER'S** W. Ditto. Dr. E. Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23h DATE THEREOF 23c. REMOVAL (Specify) 19/66 GREEN HILL CEM. WAYNESBORO REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15ME 3500 4-64



11		1M		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
28/	æ	- N-		14821 CERTIFICATE OF DEATH 14823
	after death.	funeral and 2 r death.	1.	PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY
-	ter	s 1 fter		Washington Maryland Washington
	igi S	by t page rs a		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	hours	1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L		lagerstown Md. 70 yrs Hagerstown Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. Is residence
	24	fille appen n 72	1 3	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS
	E.	tely on p	3.	NAME OF First Middle Last 4. DATE Month Day Year
	executed within	nple carb		OEGEASED (Type or print) Ella Virginia Smith DEATH Oct 11 1966
	atec	ove ove		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
	exec	rem rem		emaile Colored widowed X Divorced April 8 1889 // yrs.
	þe	ictan ase nd i	du	Ing most of working life, even if retired) INDUSTRY COUNTRY
	cate	physical, a	13	Domestic Private family Williamsport, Md USA FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	=	The The		Edward Jenkins Harrit Bywaters
	95	tend	1! (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es. no. or unkgwn) (I fives give war or dates of service)
	deat	e at perm ion	-	219-20-3916 Mrs. Ella Webb 301 N.Jonathan st
	The law requires that the death certificate be	oy th usit		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
	hat	tran		IMMEDIATE CAUSE (a) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	res t	sign uria uria	1	conditions, if any, which) (b) Ca to left beast 6 ms
	qui	he b to b	1	gave rise to immediate (cause (a), stating the DUE TO
	W re	as t as t as t prior	2	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	he la	ite h	ATIO	PERFORMED? YES NO
		for He	CERTIFICATION	
	PHYSICIAN:	cer thed		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	SHYS The	this this detac	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 1
		fter be State	MED.	Hour a.m. p.m. 19 While Not While lactory, street, office didg., etc.)
	OR ATTENDING	R A B	П	21. I certify that (I) (this hospital) attended the deceased from (15th, 1966, to (15th), 1966, that (I) (we) last
	TA STORY	S S S S S S S S S S S S S S S S S S S		saw the deceased alive on
	98	D B B B B B B B B B B B B B B B B B B B		M.D. ATTENDING MED. STAFF DIRECTOR PHYS.
	TAL	RAL pe fi		22c. PHYSIGIAN'S NAME (Type) 22d. ADDRESS
	HOSPITAL	To FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filled with the State Dept. of Health prior to burial, cremation of removal, and in any event, within 72 hours after	23	
	2	10 年		REMOVAL (Specify) 110-14-1966 Rose Hill Cemetery Hagerstown Md.
		2	24	FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR'S SIGNATURE
		AI5 (4)	0	John R Watson 31 Hapristown MX. DATE DCT 17 1966 Johnster Judge
	20/	M 1/65	-	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF BEATH
S. COUNTY FOR STATI MEDICAL EXAMINER'S CERTIFICATE OF DEATH **HEALTH DEPT** 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Washington Maryland MARYLAND Washington Department after death. b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Rural Keedysville Rfd.1 Life Rural Keedysville Rfd. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? State Locust Grove Loguet Grove NO X YES 3. NAME OF First Middle Last 4. DATE Month Year DECEASED the Elmer (Type or print) Harrison Smith DEATH October 11, 2 with within 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | lest birthday) | Months | Days | Hours | Min. COMMINE: This certificate should be executed within 24 hours after death. If it certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form 8. DATE OF BIRTH Male White WIDOWED X 78 DIVORCED July 22, 1888 and event 10e. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? -Chemical U. S. A. Night Watchman Washington Co., Md. pages 1 In any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Smith Ellie Holmes alle alle 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Md. permit. No. 20-9898 Mrs. Elvin Stottlemyer, Keedysville Rfd.l 18. CAUSE OF DEATH [Enter only one cause per line for (e), (0], and (c).] INTERVAL BETWEEN ONSET AND DEATH cremation, or PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. used as to burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION 119. PERFORMED? No F 3 should be agent, prior 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II) of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL , 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While CTOR: Page at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion FUNERAL DIRECTOR: f Health or its design **Undetermined manner** death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER your Page / **ACTUAL** DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE director. Pagi retained for y DEPUTY MEDICAL EXAMINER 2 **EXAMIRER'S** NAME (Type) Address (Street, city, town, or county) 23a. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 23b. LOCATION (City, town or county) (State) 0 0 REMOVAL (Specify)
Burial 10-14-66 Samples Manor Cemetery Samples Manor, Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR ALSME (5) John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE



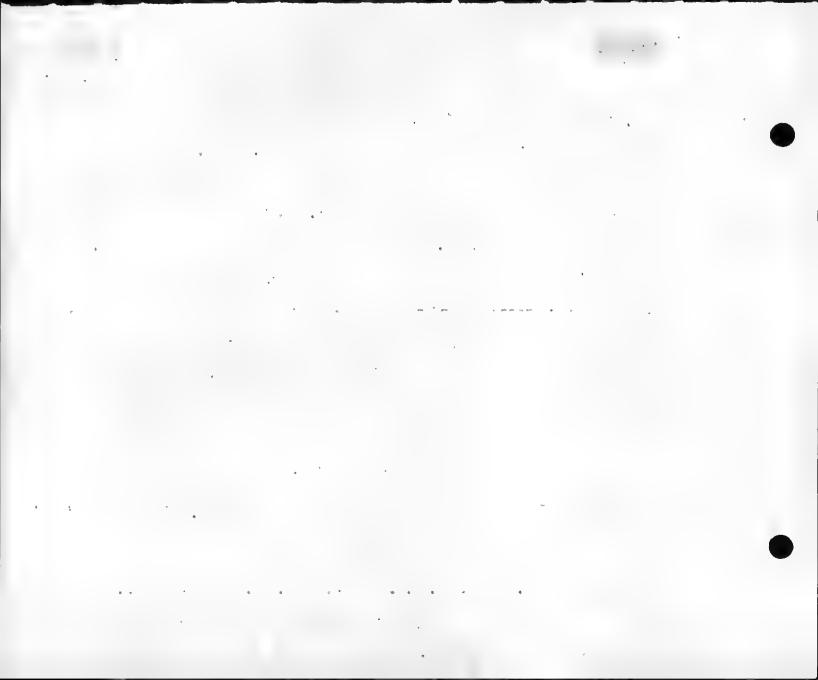
FOR STATE HEALTH DEPT.

TO DEPUTY MEDIC.—EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. Fife pages 1 and 2 with the State Department and in pay event within 72 hours after death. of Health or its designated agent, prior to burial, cremation, or removal,

> VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

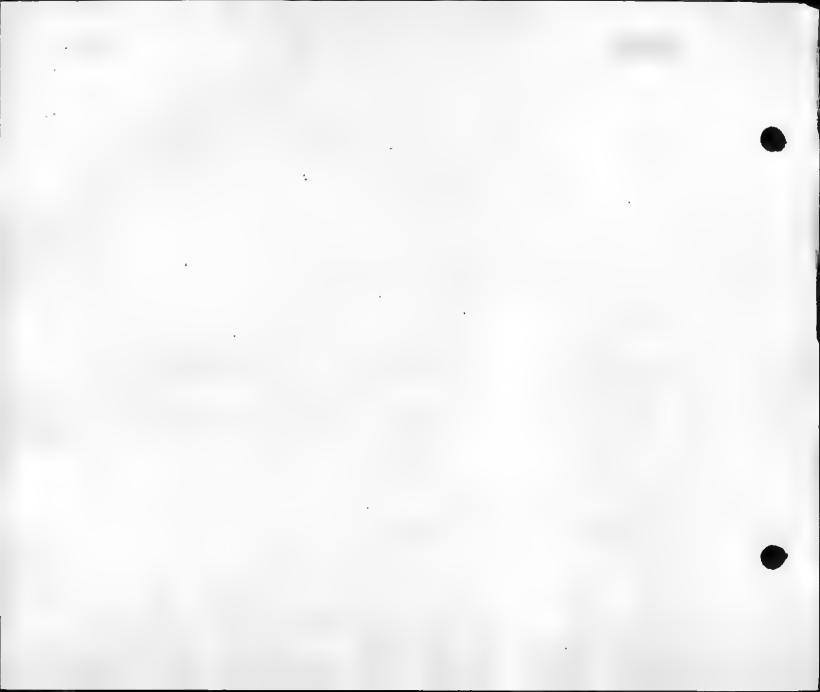
	14823	M	EDICAL	EXAMINE	5.2	CERTIFICA	ATE O	F DEAT	Н	148	325	
1.	PLACE OF DEATH					2. USUAL RESID	ENCE (Wh	ere deceased lin			nce before	admission)
	a. COUNIT	WASHINGTO	SAT	MARYL	AND	a. STATE	MARY	LAND	b. CDUNTY		INGTO	N
	b. CITY OR TOWN	(If outside corporat	te limits,	c. LENGTH DE STAY		c. CITY OR TOWN	(If outsid	e corporate l	imits, write			
	HAGERST	nd give nearest tow	n)	1 DAY		UA	GERST	YEART				
-			N (if not in ho	spital, give street ad	dress)	d. STREET ADDR		20121			e. IS RE	SIDENCE
1	TA SET MOTON	COUNTY HO	COTTAT			518 GUI	רו פרים ז	ATTEN				FARM?
1	WAME OF		NOLTIWE	Middle		Last		DATE	Month	D		ear
3.	DECEASED (Type or print)	MARY	120	IRWIN	Q D	ECK		DEATH OCT		q		66
5.		5. COLOR OR RACE	7 MARRIER I	NEVER MARRIED	1 /	B. DATE OF BIRTH		19. AGE (In years IF	UNDER 1 YEA		
1	FEMALE	WHITE			[V]			last b	Irthday) Mo	onths Days		
ille			WIDOWED (SEPT. 24.		foreign cour	yrs.	12. CITIZE	N OF WHA	T
dui	ing most of working	life, even if retire	d) IN	ND OF BUSINESS OR DUSTRY					,	COUNT	RY?	
	RETIRED CL. FATHER'S NAME	EKK	DEI	PT. STORE		PENNS:				Ues	S.A.	
13												
		WEL SPECK					RIET I		Chat All A	64T-37T-43	**	
		ER IN U.S. ARMED FO	of service)	OCIAL SECURITY ND.		INFORMANT		AGERST	,		ND	
	NO		21	4-09-1908	MR	S. EMMERT	SHEE	Y 518	GUILF		Æ,	
		-		ne for (a), (b), and (c)	1		-				TERVAL B	
	PART I. DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE	(a) Shock	k (followi	ng.	fall down	step	5.)			4 hou	
	900.0	DUE	TO				-					
	Conditions, if an		(b) Arte	rioscleroti	ic_C	ardio Vas	cular	Diseas	e	_Seve	ral y	ears.
	gave rise to in cause (a), stat		TO									
	underlying cause	last.	(c)		_							
NO.	PART II. OTHER SIG	INIFICANT CONDITIE	ONS CONTRIBU	TING TO DEATH BUT N	OT RELA	TED TO THE TERMIN	IAL DISEAS	ECONDITION	GIVEN IN PAI	RT 1(a) 1	9. WAS A PERFO	AUTOPSY RMED?
S S										1	YES 🔲	NO 🔜
MEDICAL CERTIFICATION	20a. EXTERNAL OF CO	CAUSE WAS	20b. D	ESCRIBE HOW INJUR	Y OCCU	IRRED. (Enter natu	re of injury	In Part I or	Part II of II	tem 18.)		
120	PRIMARY ED OF CO	, MINISOLING	FAT	l down ster	ารล	t home.						
롱		JURY Month, Day,	Year 20d. IN	JURY OCCURRED 2	Do. PLA	CE DF INJURY (Hom	o, farm,	20f. (City or	town)	(County)		(State)
	Hour a.m.	70-9- 19	n millio	L MAT MILLION L		OTTA	. 1	reretou	m 1150c	shingt	on W	ra
E				ains described abo				ection x			nd in my	opinion
	death resulted		causes .				nicide		ermined ma			
	death resulted	TIONIC HOLOSON	000000 []	10000	-/	CHIEF MED		IINER				
	ACTUAL	7 Almed	16/12	all m	1	M.D. ASSISTANT	MEDICAL	EXAMINER [22. DATE	SIGNED
	SIGNATURE	224,24	7 4 6					MINER X				
	EXAMINER'S NAME (Type)	EDWARD W.	DITTO.	JR. M.D.	215	W. WASH IS	toSeE cityE	IAGERST	OWN M	D. 10)/10/:	1966_
23	a. BURIAL CREMA	TION, 23b. DATE	THEREOF	23c. NAME OF CE	METERY	OR CREMATORY	23	d. LOCATION	(City, town	n or county)	(State)
	BURIAL (Spec	ify)	2/1966	CEDAR HII	J. C	PARTERY	- 1	REENCA				
24	. FUNERAL DIREC		7.2700	ADDRESS	البلا البعد	25a.	REC'D BY	REGISTRAR	25h REO	12/22/21	WAT IE	dge
	CHARLES M	. ROUZER	HAGERST	COWN. MARYI	LAND	DATE		14 19			0	q



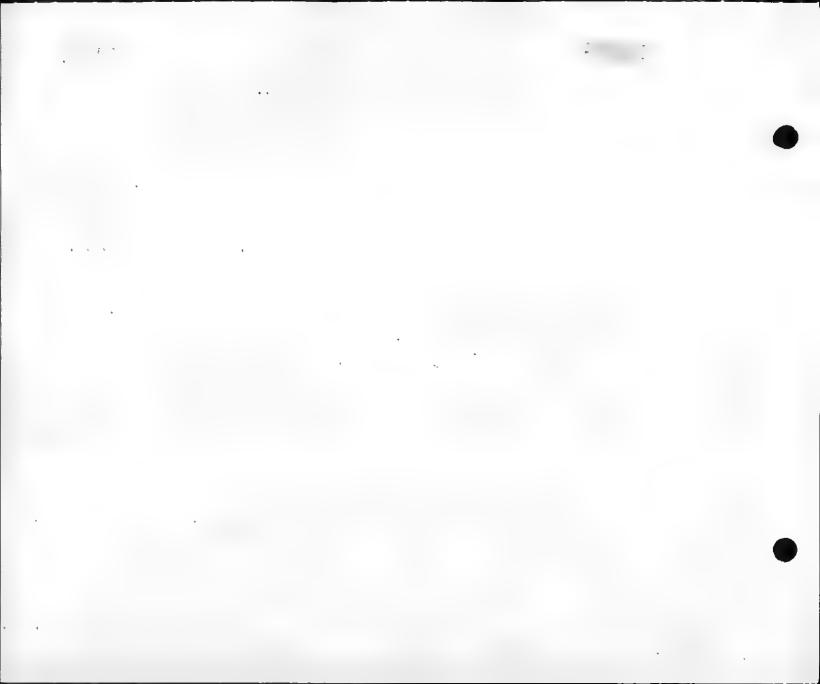
M	MARYL DIVISION OF STATISTICAL RESEAR		, 301 W. PRESTON	HEALTH I STREET, BALTIMOR	E 1, MARYLAND
4	14824	CERTIFICATI	E OF DEATH		14826
S _E	a. CDUNTY Tashington	MARYLAND	A STATE	(Where deceased lived, If institution b. COUNTY)	
-	b. CITY DR TDWN (if outside corporate limits, c. write RURAL and give nearest town)	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, write	RURAL and give nearest tow
	Pagerstown	1 Day	Rural, U	laymeshuro	4 5
.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi		d. STREET ADDRESS		e. IS RESIDENC ON A FARM
4	Washington County Hospita	al			YES ND
	3. NAME DF DECEASED (Type or print)	Middle ら。	Spicer	4. DATE Month DF DEATH OC	10
١	5. SEX 6. COLDR OR RACE 7, MARRIED	NEVER MARRIED	B. DATE DE BIRTH	last birthday) in	UNDER 1 YEAR IF UNDER 24 HE onths Days Hours Min
	nale 'hite widowed [DIVORCED	10/22/1955	yrs.	11 24
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) INDUSTRIAL INDUSTR	DF BUSINESS OR STRY	Chambers	onty & State, or foreign country) burg Pa.	12. CITIZEN OF WHAT COUNTRY?
-	13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
1	Larry 'sicer		Beverly	Jaker	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC (Yes, no, or unkown) (If yes give war or dates of service)	IAL SECURITY NO. 17.	INFORMANT	Address	
1	10		lirs. Beverly	Spicor, Tayne	sboro (a., 7/1
1	18. CAUSE OF DEATH (Enter only one cause per line f	for (a), (b), and (c).]			INTERVAL BETWEE
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	relauncia	~		30min
v '	171X DUE TO A	Pare	mui Bila	Harl	1220
	Conditions, If any, which gave rise to immediate (b)	new Trans	many four		
	cause (a), stating the OUE TO underlying cause last.				
		G TD OEATH BUT NOT RELA	TED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTDPS
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 2 Da. ACCIDENT WAS UNDERLYING 2Db. 0ESC DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED!
	2Da. ACCIDENT WAS UNDERLYING 2Db. OESC	RIBE HOW INJURY OCCU	RREO. (Enter nature of I	njury in Part I or Part II of I	
	2Da. ACCIDENT WAS UNDERLYING 2Db. OESC DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJUR	RY OCCURRED 20e. PLA	CE OF INJURY (Home, fam ry, street, officebldg., etc.	m, 20f. (City or town)	(County) (State)
	ZOC. TIME DF INJURY Month, Day, Year 20d. INJURY Hour a.m. While p.m. 19 at work	Not While at work	, 30 det, oncebiug., etc.	,	
	21. I certify that (I) (this hospital) attended t		150ct 19	16 to 160ct	, 1966, that (I) (we) la
		19 <u>6</u> 6 and that	death occurred at 1	M, from the causes an	id on the date stated abo
	ZZa. SIGNATURE		ATTENOING ME	1	22b. DATE SIGNED
	Junison.	M.0		RECTOR PHYS.	10/17/66
	22c. PHYSICIAN'S D. Tilson		22d. AODRESS	hern Ave., Hage	erstown id.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23	Sc. NAME OF CEMETERY	_1	23d. LOCATION (City, town	
	REMDVAL (Specify)	SC. NAME OF CEMETER!	OR OREMATOR!		(State)
		Dec. 1 -7	7		7
	24/FUNERAL OURECTOR	Rose Lil		O BY REGISTRAR 25b. REG	Franklin Co. r.
	24/FUNERAL OIRECTOR		25a. REC'(D BY REGISTRAR 25b. REGISTRAR 1966	Tranklin Co. r ISTRAY'S SIGNATURE Charles Judge

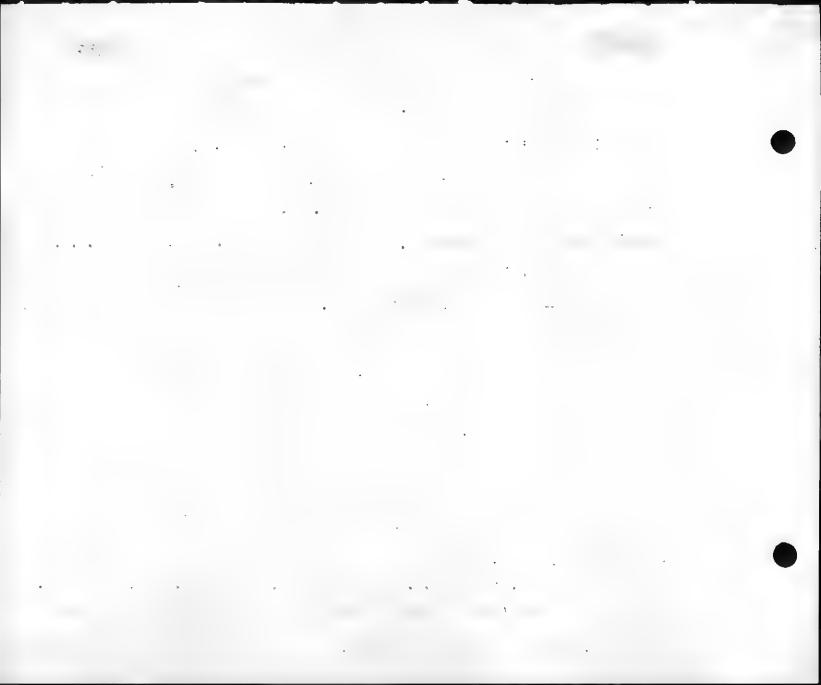


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, filed with 1. PLACE OF DEATH 0. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. STATE filed **b** COUNTY funeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 🔼 NO 🗷 hours NAME OF Month DECEASED Filled (Type or print) DEATH 1966 lo at 9. AGE (n years last birthday) IF UNDER I YEAR, IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH completely Months WIDOWED I RTHPLACE (State or fareign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician MIChe гета 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT Address 2750 offending please INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line_for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 1775tant/4 the **DUE TO** þ Conditions, if ony, which permit certificate has been signed gave rise to immediate DUE TO cause (a), stating the under**burial-transit** lying couse last. ar attending physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES INO IZ 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.). ‡ (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg , etc) Hour a m. Nat while at work at work 26 19.65 that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased from Line 15 1965 ta 1966, and that death accurred at AM, from the causes and an the date stated above saw the deceased alive an. 220 SIGNATURE 22b, DATE SIGNED ATTENDING PHYS MED DIRECTOR M.D 0-16-66 TO FUNERAL DIF page 3 should to 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) erstown, 777d. page 3 sh the State 1 23a BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR VR A15 (4) DATE 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14826 Both requires that the death certificate be executed within 24 hours ofter death and completely filled in by the funeral remove corbon papers. Pages 1 and in ony event, within 72 hours ofter death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY "ashin, ton MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest fown)
Cascade Lite Cascade d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO X 3 NAME OF First Middle Lost 4. DATE Month Day Year DECEASED OF DEATH Oct. 19 66 Palle Stem Cora (Type or print) IF UNDER 1 YEAR 1 IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED X DIVORCED Lhite Female 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) bleose COUNTRY during roast of working life, even if retired) INDUSTRY Cigna le i.d. Louise 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME P e John M. Moore Mary Jane Rover IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) WA 609250 Hrs. Laily Pryor, Cascade .id. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o signed by DUE TO Conditions, if only, which gove rise to immediate cause (a), DUE TO stoting the underlying couse the the has been last WAS ALTOPS PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) <u>5</u> 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18). OR CONTRIBUTING ET CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) While Not While ot work ot work TO FUNERAL DIRECTOR: After . 1957 to 25 Oaf 1966 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from IFB be retained saw the deceosed alive on 23 Oct 1966, and that death occurred at 1200AM, from causes and an the date stoted above. 22g. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. PHYS DIRECTOR PHYS director, page should be fire 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Bethel Lantz Frederick Co. Md. ADDRESS 2Sb. REGISTRAR'S SIGNATURI 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Taynesboro Pa.

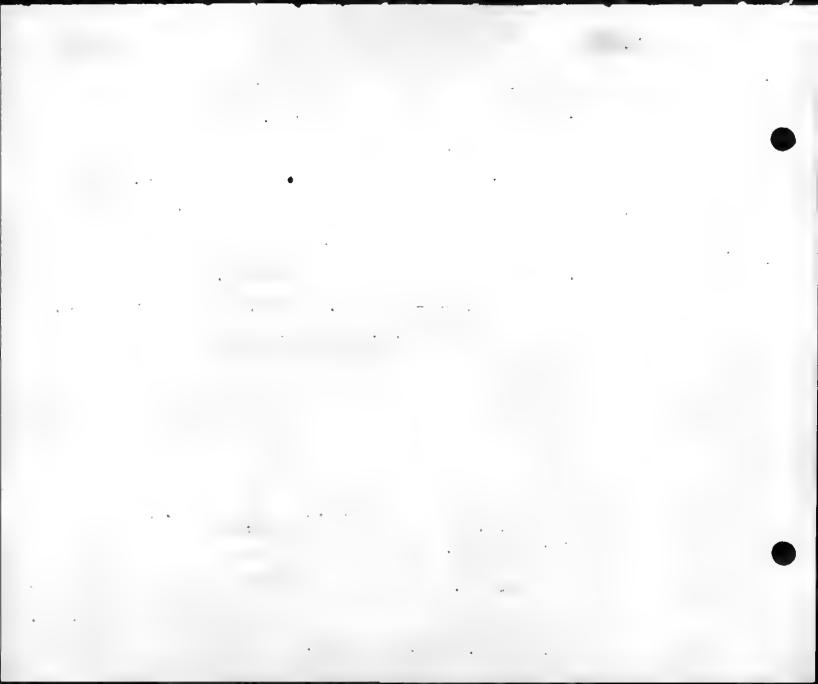




VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14830

1. PLACE DF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)								
ħ.	Lashington MARYLAND					a STATE b. COUNTY Washington						
1	b. CITY OR TOW	N (if outside corpora	te limits.	c. LENGTH OF STAY IN		c. CITY OR TOWN (III		corporate limit				
1		N (if outside corpora and give nearest to	vn)									
_		rstown		1 wk		Highfield d. STREET ADDRESS e. IS RESIDENCE						
			•	ospital, give street addr	'ess}	d. STREET ADDRESS				6.	ON A FARM?	
_	Washin	gton Count	y Hospi	tal						Y	ES NO	
3.	NAME OF DECEASED	F	irst	Middle		Last	4. DA		vion th	Day	Year	
	(Type or print)		rnon	Ward		Tayl•r		EATH (Oct.	29	1966	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In y	day) Monti	DER 1 YEAR	FUNDER 24 HRS. Hours Min.	
L	М	white	WIDOWED	DIVORCED	ıl،	July 23, 190	04	1 67	rs.	lis Days	nours Mills	
10	a. USUAL OCCUPAT	ION (Give kind of work	done 10b. Ki	IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (C	ounty & S	tate, er foreign c	untry) 12	2. CITIZEN C	F WHAT	
au		t Fainter	(0)	IDUSTRI		Baltimore,	. Md.			US		
13	. FATHER'S NAM					14. MOTHER'S MAII						
	Edrand	C Torrlow				Datasia	7 - 7-5	* 1 2				
19		C. Taylor	RCES? 16.	SOCIAL SECURITY NO. 1	17.	Priscil	1.d. 1.		ddress			
(Ŷ	es, no, or unicown)	(If yes give war or dates	of service)							** * **		
	no			1-05-9097	Mr	s. Vernon W	. Ta	ylor h	17hi'i	eld, M		
				ne for (a), (b), and (c).]						ONSE	TAND DEATH	
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Bronc	chogenic car					etaste	<u>isis</u>	9 mon	
	, ,	DUE	To me	diastinum,	che	est wall, ar	nd br	ain				
	Cenditions, If		(b)									
	gave rise to		•									
	cause (a), st underlying caus	arring rue										
8	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY											
ĮĘ,										YES	PERFORMED?	
FIC	202 ACCIDENT	WAS TINDED! VING	1 20h D	ESCRIBE HOW INJURY	Acell	DDED (Enter nature o	f infury t	n Part I or Par	I) of item	1	, [] (A)	
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING THE CAUSE OF DEATHER MEDICAL EXAMI	TH NER)	COUNTRY INTOKT	0660	RRED. (Enter notal o o	, jugury e		11 01 110111	2007		
MEDICAL		NJURY Month, Day,	Year 20d. IN	NJURY OCCURRED 20e	PLA	CE OF INJURY (Home, fa	arm, 20	f. (City or tow	n)	(County)	(State)	
ã	Hour a.R		While at work	- Not while -	tacto	ry, street, office bldg., e	etc.)					
Σ	p.r				. (Oct. 171	2.66	to Oat	20 1	0 66 14	at (I) (we) last	
			Oct. 28	ed the deceased from		death occurred atS						
П	22a. SIGNATUR		7/	19 OC, and	tnat	death occurred at		Miotil the car		. DATE SIG		
Н	220. 310114101	1940	SP K	of MAK	/	ATTENDING X	MED. DIRECTO	R STAFF		0-29-6		
	22c. PHYSIDIA	NIC .	10,m	2 101,10	M.D	PHYS. Z	DIRECTO	R L PHYS.	اليا			
	MAME (T)	J. H. KF	HNE, M.	D.		1229 Rav	renwo	od Hts.	Hage	rstown	Md.	
23	a. BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEME	TERY	OR CREMATORY	23d.	LOCATION (Ci	ty, town or	county)	(State)	
	REMOVAL (Spe Euri	-1 11/1/	1966	Bethel			L	entz, Fr	ederi	ck Co.	. Md.	
2	4. FUNERAL DIRE		A	ADDRESS								
	2	Walter a	1 Hism	Waynesboro,	P	enna. DATEN	OV 3	1986	John	arley !	udge.	
		Melle -	L'MUE-	-0		DATE	. 0	1949				

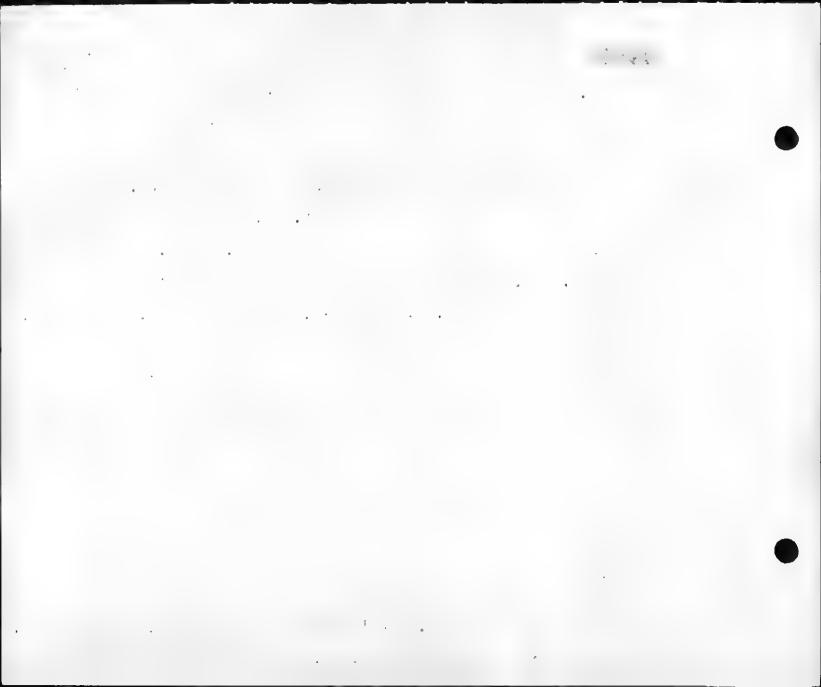


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

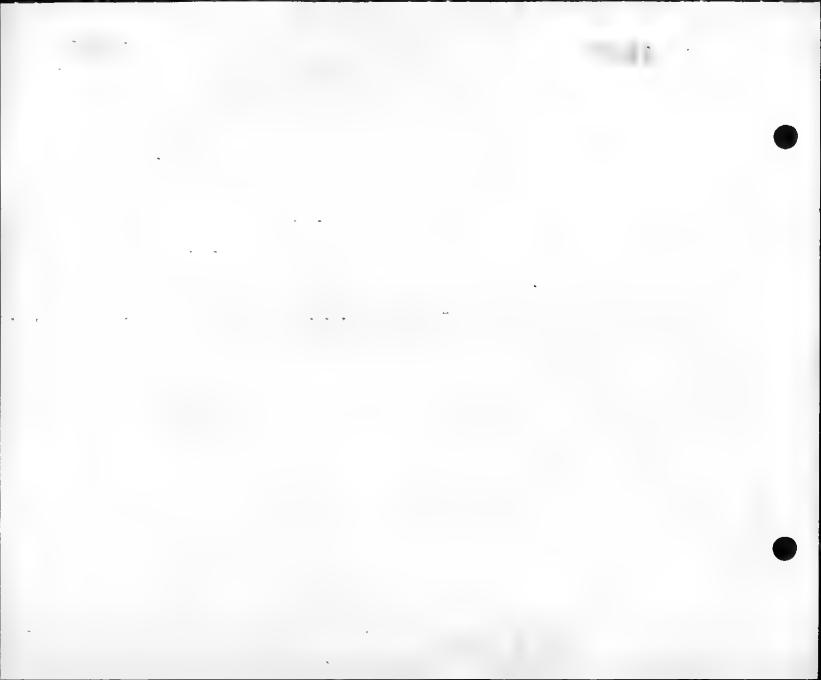
CERTIFICATE OF DEATH

1 2. USUAL RESIDENCE (Where deceased lived, if institution Residence by

. 2 .			14829)		CERTI	FICATE	OF DEATH			14831
deoth and and death			LACE OF DEATH					2. USUAL RESIDENCE		1 50	,
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after the fur iges 1 s offer		ŀ	CITY OR TOWN (I	outside corporate limit	5,	c. LENGTH OF STAY	IN 3b	c CITY OR TOWN (If o	•	•	give neprest fown)
hours in by the same hours				give neorest town)		5 hour	S	1	Hagerst	own	× i · /
4 h In iers		(AL OR INSTITUTION (If no				d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
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withi			IAME OF ECEASED		rst Par 7 mares	Middle	ON THE	LOST	4 DATE OF	Morth Oct.	Doy Year 4 19 66
ecuted within 24 completely filled II ove carbon paper y event, within 72		5 9	Type or print)	6. COLOR OR RACE	BLLENE 7. MARRIED	NEVER MARRI	TREME	DATE OF BIRTH	DEATH 9 AGE		DER 1 YEAR IF UNDER 24 HRS.
that the death certificate be executed within 24 hours after death an. by the ottending physican and completely filled in by the funeral ransit permit. Then packs 1 move carbon papers Pages 1 and 3 crematian, or removal, and mony event, within 72 hours ofter death			emale	white		DIVORC	٠٠٠ ايا ٠٠٠		1895 7	birthdoy) Month	
9		100	JSTIAL OCC. PATION	(Give kind of work done	10b KI	ND OF BUSINESS OR		11 BIRTHPLACE (Count		, , , , , , , , , , , , , , , , , ,	CITIZEN OF WHAT
a Company		duri	ousewii	ife, even if ret.red)	IN IN	IDUSTRY LOME		Allente	own, Per	nna.	COUNTRY?
ficat ysi			FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		
erfi ph nov			Henry	H. Shell	lenber	rger		St	usan Fle	mming	
ding ding		15	WAS DECEASED EVEL	R IN U.S. ARMED FORCES? (If yes give wor or dates of	of convice)	SOCIAL SECURITY NO.		NFORMANT		Address	
ne deoth certifica ottending physic permit. Then prign, or removal,		(no	in justification of delication	14	10-20-45	93B	Mrs. Law:	rence Pa	irker, H	agerstown, M
that the death certifi an. by the ottending phy ransit permit. Then crematian, or remova	0		18. CAUSE OF DE	ATH (Enter only one count WAS CAUSED BY:	ise per line for	4		- 0			ONSET AND DEATH
thot tan. by the ransit			1/ 7 / 1	IMMEDIATE CAUSE		Coron	am	acchi	sian		enoco/
N S T T			Conditions, if ony,	DUE which gove 1	1	anton	1006	longsi	2. Con	Oslam	
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e low re tending is been os the prior to			stating the under last.	lying couse	(c)						
e lo tenç is b os os prio		_	PART II. OTHER SK	INIFICANT CONDITIONS C	ONTRIBUTING 1	TO DEATH BUT NOT R	ELATED TO TO	HE TERMINAL DISEASE CO	INDITION GIVEN IN F	PART 1(o)	19. WAS AUTOPSY PERFORMED?
AN: The office of the office o		ATIO									YES NO Z
IAN ficat for for		CERTIFICATION	20o. ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY	OCCURRED (Enter noture of injury in	Port I or Port II of	item 18)	
rsicertification		(I CE)	(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
PHYS ne hos this ce etoche Dept.		MEDICAL	20c. TIME OF INJU Hour o.n		20d li While	NJURY OCCURRED Not While		E OF INJURY (Home, for ery, street, office bldg., etc		or town)	(County) (State)
ING by the ter ter		2	p.n		ot work		1 60-00	10/3	10 66 +-	11:14/6:1	19, that (1) (we) las
ed ted to the Shid to She				fy that (I) (this hoseceased alive an_	Spiral) arrend	dea ine deceasei	a from ond that	death occurred a	1/52/1 M. fro	m causes and a	n the date stated abave
ATT Stain Shau			220. SIGNATURE	0 01 //	7	1 2	7	MACHINE		226	. DATE SIGNED /
OR AT be retor SIRECTO Pe 3 sho			_/(overt llh	Can	p seed	M.D		MED. DIRECTOR	STAFF PHYS.	10/5/66
TAL AL I Pag e fil	1		22c. PHYSICIAN'S NAME (Type)	Robert	ULC	ample	le mil	22d. ADDRESS	lagen.	stown	md
HOSPI age 4 m FUNER director,		230	BURIAL, CREMAT O			23c NAME OF CE		REMATORY	23d. LOCATION	N (City or Town)	(County) (Stote)
Page 70 FUN	,		REMOVAL (Specify)		/66	St. Ma	rk¹s	Cemetery			sroads, Md.
VR A15 (4)	de	24	FUNERAL DIRECTO			ADDRESS			D BY REGISTRAR		is signature Judge
VR A15 (4) 20 M 1/66	1		Minnich	Funeral	Home	Hagerst	own,	Md. DATE	101 1		0 0



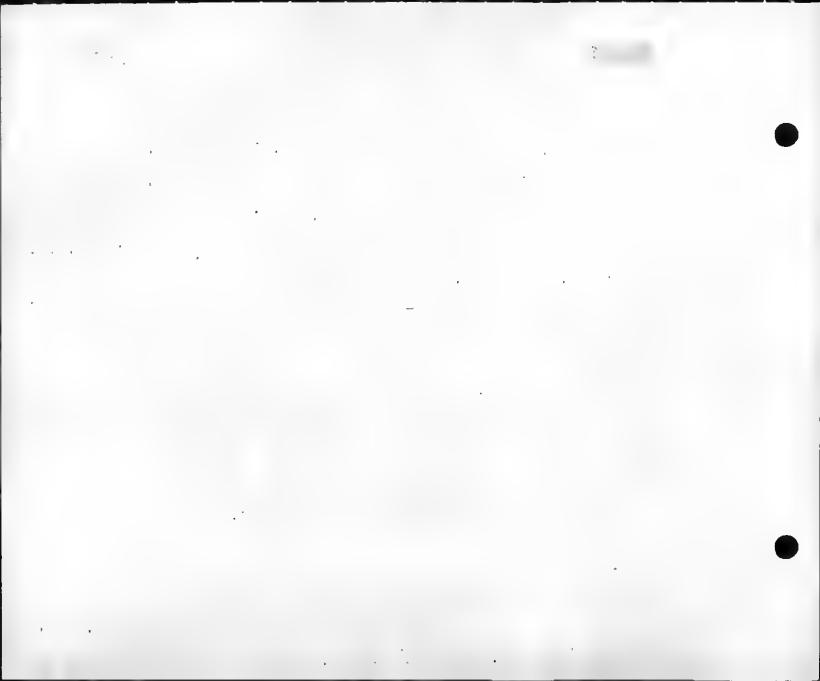
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. The law requires that the death certificate be executed within 24 haurs after death. physician and campletely filled in by the funeral en please remave carbon papers. Pages I and aval, and in in in it is within 72 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o COUNTY b. COUNTY Washington Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town dagerstown Haaerstown d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address) Washington County Hospital 906 Maryland Ave. YES NO X NAME OF Midd e Lost 4 DATE DECEASED Franklin Foaler Unger October 66 (Type or pant) IF UNDER I S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years Jast birthdoy) Months Days White Male Jeb. 27, 1915 1Db. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT IDo USUAL OCCUPATION (Give kind of work done during most of growing like even fretired INDUSTRY Craft COUNTRYSA Washington Co.Md. 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME burial, crematian, ar remaval, Max C. Unger Frankie Basore Fogler the attending IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, prunknown) (If yes give war or dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT 213-18-9798 Mrs. F. F. Unger 906 Maryland Ave. Hagerstown, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH -transit PART I. DEATH WAS CAUSED BY. signed by t burial-trans IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (o), DUF TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been the priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION detached far use te Dept. af Health YES NO 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) at work 21. I certify that (1) (this haspital) attended the deceased fram 12007, 1960, ta 19 007, 1960; that (1) (we) last director, page 3 shauld shauld be filed with the be retained OCT 1966, and that death occurred at 44 M, fram couses and an the date stoted above. saw the deceased alive an 220 SIGNATURE ATTENDING M.D. 22d. ADDRESS 22c PHYSICIAN S NAME (Type) / 23c. NAME OF CEMETERY OR CREMATORY 230. BUR AL CREMATION, 23b. DATE THEREOF LOCATION (City or Town) REMOVAL (Specify) Rest Haven Cemetery Hagerstown Burial REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Haven Funeral Hagerstown, Md



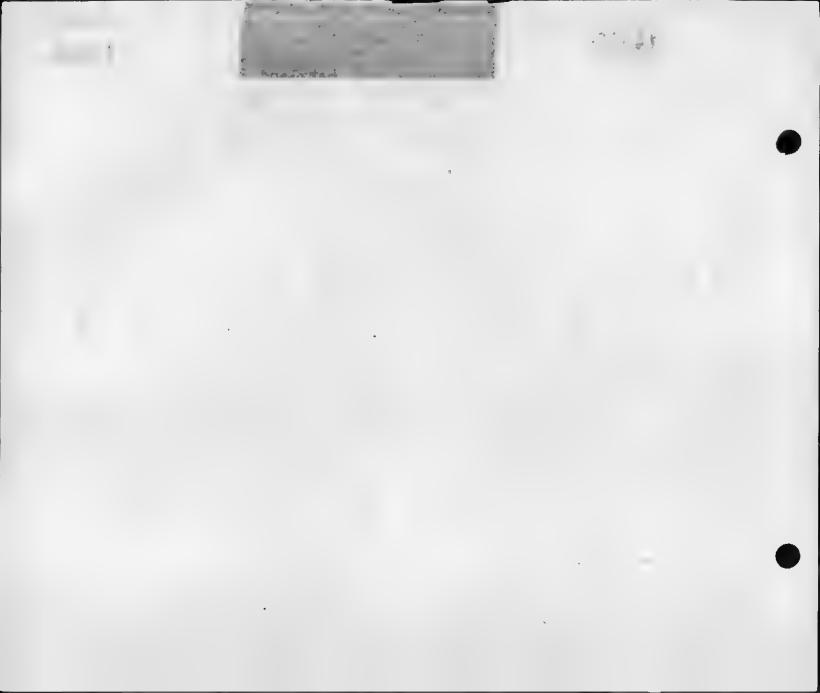
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 death. requires that the death certificate be executed within 24 haurs after death signed by the attending physician and campletely filled in by the funeral burial-transit permit the clease remaye carban papers. Pages I and burial, cremation, at tertioyal, and in any event, within 72 haurs after dear 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY shington MARYLAND b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (15 outside corparate amits, write RURAL and give nearest tawn) write RURAL and give nearest town) 2 days H reratorn hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Franklin ashington Co. Hospital NO 4 NAME OF 4. DATE Middle Last DECEASED 1963 HILDA VIOLETTA Oat. (Type or print) DEATH IF UNDER IF UNDER 24 HRS. S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) Haurs white Oct. 13. fenale 12 CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) COUNTRY.2. during most of working literate it retired r INDUSTRY "avnesboro 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lartha Ellen IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (if yes give war ar dates of service 1B CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave nse ta immediate cause (a), DUE TO stating the underlying cause priar to ! has been lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART J(6) O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I at Part IP at Item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED (City or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While 21. I certify that (1) (this hospital) attended the deceased fram. and that death occurred at____ ____M, fram causes and an the date stated above. saw the deceased alive on 5. 22a. SIGNATURE DATE SIGNED MED. DIRECTOR director, pog-PHYS. 22d. **ADDRESS** NAME (Type DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. Haven Cemetery Rest 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

20 M 1/66

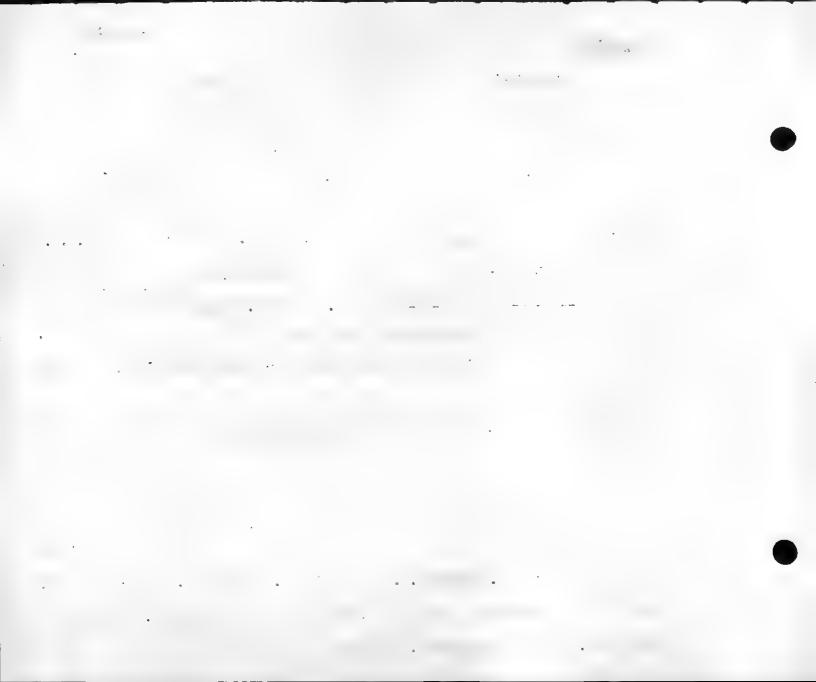
1966



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE & MARYLAND CERTIFICATE OF DEATH funeral and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a STATE b. COUNTY GLOUCESTER ges 1 after WASHINGTON the NEW JERSE MARYLAND / filled in by the papers. Pages hin 72 hours afte b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN WEEKS PTTMAN d. NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street address d. STREET ADDRESS e. IS RESIDENCE any event, within 72 ON A FARM? LOCKWOOD ROAD 43 CIRCLE YES NO A completely i within 3. NAME DE First Middle Last 4. DATE Month Day Year OECEASED 25 19 66 (Type or print) SARAH WOOD **OEATH** WICKWARD OCTOBER 5. SEX AGE (in years | IFUNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. and con 6. COLOR OR RACE 7. MARRIED NEVER MARRIED OATE OF BIRTH 9. FEMALE WHITE 25,1904 JAN. WIDOWED [DIVORCED [and am 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pllysician during most of working life, even if retired) INDUSTRY BERGEN CO. . NEW JERSEY U.S.A. HOMEMAKER OWN HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетоуа he attending permit. Then CHARLES REBECCA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT PITMAddressN 0 (Yes, no, or unknwn) (If yes give war or dates of service) NO 148-30-7861 cremation. MR. GEORGE W. WICKWARD 43 CIRCLE the INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). Leen signed by the burial-Transit or to burial, crema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) VENTRICULAR FIBRILLATION DUE TO RHEUMATIC HEART DISEASE W/ Conditions, If any, which MITRAL INSUFFICIENCY gave rise to immediate DUE TO cause (a), stating the Drior underlying cause last. ment cate has S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? CAT ARTERIOSCLEROTIC HEART DISEASE W/ATRIAL FIRTILIATION NO X CERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) hed f MEDICAL 20d, INJURY OCCURRED 12De, PLACE OF INJURY (Home, farm, I 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, officebldg., etc.) Should he Ноиг а.т. Not While at work retained by p.m. at work 21. I certify that (I) (ARCASSOCIAI) attended the deceased from Chit 19 66 that (I) (v) last 1966 and that death occurred at 7:150M, from the causes and on the date stated above. 3 sho saw the deceased alive on 22b. OATE SIGNED 22a. SIGNATURE ATTENDING X ed ba 10/26/1966 DIRECTOR B 22c. 22d. ADDRESS TO PUNERAL PHYSICIAN'S director, p should be 1 NAME (Type) SNYDER W.D. CLOVIS N. POTOMAC ST. 106 DATE THEREOF 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 10/25/1966 EGLINGTON CEMETERY CLARKSBORO. NEW JERSE REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** learles 1966 CHARLES M. ROUZER HAGERSTOWN. MARYLAND VR A15 (4) 20M 1/65



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Take 4 list be letallicated by the inseption of according to the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14834
CERTIFICATE OF DEATH
14836

	- ALUS				140	3111				
1.	PLACE OF DEATH a. COUNTY									
	Washington	MARYLAND	a. STATE	b. (County	gton				
1		LENGTH OF STAY IN 1b	c. CITY OR TOWN (If							
		55yrs		D. COUNTY Name of Injury In Part I or Part II of Item 18.) B. COUNTY Washington D. Cou						
11	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	tal, glue street address)		DOWLL MALY.	Lanu	A IS DESIDENCE				
0			The state of the terminal disease condition given in part 1 (a) 19. Was autopsy 19. Was autopsy							
-	340 N. Jonathan Stree	Ն) 220 · N	Jonathan	Street	YES NO X				
1	NAME OF OECEASED (Type or print) Myrtle	Middle Wil		OF O						
5. 5		NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In ye	ears IF UNOER 1 YEA					
Fe	emale Colored WIDOWEOXT		Dec 17 189			s Hours Mim.				
		OF BUSINESS OR			untry) 12. CITIZE	N OF WHAT				
durin	omestic Priva	STRY			COUNT	RY?				
	Omestic Priva	te family			05	A				
	uniel Jones			a Burner						
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC , no, or unknown) (If yes give war or dates of service)	IAL SECURITYNO. 17.	INFORMANT	A	idress					
n	10	Mr	s. Emma Da	avis 340 N	. Jonath	an St.				
	18. CAUSE OF DEATH [Enter only one cause per line f	for (a), (b), and (c).]								
	PART I. DEATH WAS CAUSED BY:	10 C	a le a sur		0					
	14201 OUE TO	TOTAL STATE	C MON LOVE			(3 000 2				
	Conditions, If any, which \ ON CALAGO	al asterio	0 0000 000	1. notor.	las /	5				
	gave rise to immediate	ac arisine	N. J. CREAGNO CE	. Welself	7	3 7/12				
	cause (a), stating the DUE TO School	Lie Hour	Disease							
	(c)			IAFIAFACHELTICH STUF		O Was HITOSON				
CERTIFICATION	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELA	TEO TO THE TERMINAL O	ISEASE CONDITION GIVE	NINPARTI(a)					
2						YES NO				
RT	20a. ACCIDENT WAS UNDERLYING [] 20b. DESC OR CONTRIBUTING [] CAUSE OF DEATH	RIBE HOW INJURY OCCUP	RRED. (Enter nature of	injury in Part I or Part	II of Item 18.)					
	(IF EITHER, NOTIFY MEDICAL EXAMINER)									
MEDICAL		RY OCCURRED 20e. PLAC	E OF INJURY (Home, fai	rm, 20f. (City or town	n) (County)	(State)				
9	Hour a.m. While at work	Not While at work	y, street, onice bldg., et	.c.)						
≥ -			1- 10 10	F 1 CO . 1 E 3.	30 30//	No. 1 (1) Gunh Lond				
-	saw the deceased alive on 26 19.66, and that death occurred at 5 M, from the causes and on the date stated above.									
	S. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ATTENDING	MED. STAFF						
1	22c. PHYSICIAN'S	M.D.		IRECTOR PHYS.	10-0	1-06				
	NAME (Type)		ZZU. AUUKESS							
23a.	DEMOVAL (Spacify)	BC. NAME OF CEMETERY		23d. LOCATION (Cit	y, town or county)	(State)				
B	urial 11-2-1966 R	ose Hill Co		Hagersto	wn Maryl	and				
24.	FUNERAL OIRECTOR	ADDRESS		D BY REGISTRAR 25b.						
0	col Rilation on Hanny	It m and	. CATE NO	NY 2 1966	Miarle	o Judge				

VR AIS (4) 20M 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending burshing and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

14837

	8 3 C G G								1.40			
1.	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceased lived,	if institutio	n: Residence befo	ore admission)		
	o. COUNTY	nington		A&A D	YLAND	laryland Washington						
-				c. LENGTH OF STAY								
	b. CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest town)				**		iz one give near	one give nearest towns				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, o			1 W6	CK		stown		21	AC DESIDENCE		
			44	ve street oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?		
	Garlock	k Lemorial	Home			534 West	Frankli	n St	;	YES NO		
3.	NAME OF	First		Middle		Lost	4. DATE	Month	Du	y Year		
	(Type or print)	CLARENC	Œ	VICTOR		WILKES	OF DEATH OC	t 31	1966	19		
\$.	SEX	6. COLOR OR RACE 7	MARRIED F	NEVER MARRIE	DI	DATE OF BIRTH	9. AGE (In		IF UNDER 1 YEAR	IF UNDER 24 HR		
	Lale	White	WIDOWED F	DIVORCE	0 0	ct 4 1879	lost bir	yrs.	Months Days	Hours Min.		
10		N (Give kind of work done	10b. KIN	D OF BUSINESS OR		11. BIRTHPLACE (County			12. CITIZEN O	F WHAT		
	ring most of working		IND	USTRY				0 = 10	COUNTRY	? _A		
12	Baker FATHER'S NAME		1	Retired		Hagersto		00 .	MI.	Δ.		
1.3						-		3				
-		n H. Wilke		Sella decimina NO	1 17 1	Lucy	Rockvel					
12	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give wor or dates of service)											
,	No			8-1136	Mis	g J. Vivi	an Wilke	8	1.	d		
Г	18. CAUSE OF D	EATH (Enter only one couse	per line for (o), (b), and (c).)	.534	W. Frank	lin St H	ager	stornin	TERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) NET 2 ST 2 T 10 PR 2 PRODUCT ONSET AND DEATH											
	151X	DUE TO							. 1			
	Conditions, if any		00	TOTAL	170.2	0 1 0	101111	e.Z.	C.H			
	rise to immediate	te couse (o), {			4							
	last.	(c)	Ad.	eno Czi	rcir	ome on	+ 5+0	ma	1 2	5 147		
	_	IGNIFICANT CONDITIONS CON								WAS AUTOPSY		
NO	TAKE II. OFFICE S)	^	1 1	1		n /	1(0)		PERFORMED?		
ICAT	4 9	Janifim	Dro		ACCUIDED.	* Pertrol	PA Y	10.3		YES NO Z		
RTIF	20a. ACCIDENT WA	S UNDERLYING L.	XOD, DESC	KIRE HOW INJUKY (ACCURKED.	Enter nature of injury in	ron I or ron II or itel	n 18.j				
11 00	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
MEDICAL CERTIFICATION	20c. TIME OF INJ	URY Month, Doy, Year		URY OCCURRED Not While	20e. PLAG	E OF INJURY (Home, form ory, street, affice bldg., etc.)	20f. (City or	town)	(County)	(Stote)		
W.	p.	10	While of work		TO CIT	ny, sireer, ornice blog-, etc.,						
	21. I certify that (1) (this hospital) attended the deceased from JUJ, 1956, to OCt 31, 1966, that (1) (#e) las											
		saw the deceased alive an OCT 31 1966, and that death accurred at 9:10 PM, fram causes and an the date stated above										
	220 SHINATURE / 22b. DATE SIGNED											
	14/-	M.D. ATTENDING MED. STAFF DIRECTOR DIRE										
	22c. PHYSICIAN NAME (Type		1 16			22d. ADDRESS	0 /					
	NAME (Type	Word A	- H	OFFIN	dr-	2/4/	Y. Potoi	nzc	24 -			
23	o. BURIAL, CREMATI	ON. 23b. DATE THERE	OF I	23c. NAME OF CEN	ETERY OR	REMATORY	23d. LOCATION (C		n) (Count	y) (Stote)		
	-REMOVAL (Specify	77/11/20	3				Hamerst		mark.	~ 10 a		
7	DULL SHOW	or huner sown	1 444.	ADDRESS	11.	Jenetery 1256 RECO	BY REGISTRAR		ISTRAR'S SIGNATU	RE _		
		C. Coffran			T		NV 7' 19		Marle			
4	to a control of the state of th	- 1 (F) 1 . () ()	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1721 1 5 17 10 C	4 7 7	I DATE IN	1111///		_	14 15 17		

